

N10000010677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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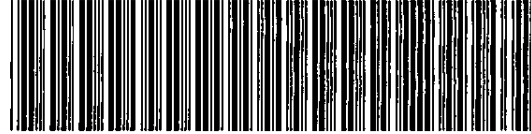
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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4-11-11

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: THE AMERICAN ACADEMY OF DERMATOLOGY  
NURSE PRACTITIONERS INC.

DOCUMENT NUMBER: N10000010677

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEBRA M SHELBY

(Name of Contact Person)

National Academy of Dermatology Nurse Practitioners Inc.

(Firm/ Company)

445 S. 12TH ST. #1501

(Address)

TAMPA, FL 33602

(City/ State and Zip Code)

dshelbyicd@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nathan P. Suedmeyer

(Name of Contact Person)

at ( 727 ) 546-0660

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

*PS*

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
2011 APR -8 PM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The American Academy of Dermatology Nurse Practitioners Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N10000010677

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

National Academy of Dermatology Nurse Practitioners Inc.

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or " Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

N/A

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

N/A

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Signature of New Registered Agent, if changing



(Attach additional sheets, if necessary)

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
|              | N/A         |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                |                                 |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                |                                 |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                |                                 |

(attach additional sheets, if necessary). (Be specific)

N/A

[illegible]

The date of each amendment(s) adoption: April 6, 2011  
(date of adoption is required)

Effective date if applicable: April 6, 2011  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated April 6, 2011

Signature



(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DEBRA M SHELBY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)