

N11000002473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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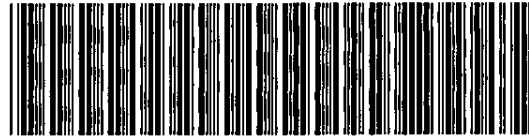
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Amerik
C.COULLETTE

JAN 09 2012

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: St. Johns Sports Medicine Council, Inc.

DOCUMENT NUMBER: N11000002413

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

Please return all correspondence concerning this matter to the following:

Garry Gillis

(Name of Contact Person)

Atlas Physical Therapy and Sports Medicine

(Firm/ Company)

12421 San Jose Blvd, Suite 100

(Address)

Jacksonville, FL 32223

(City/ State and Zip Code)

ggillis@atlasphysicaltherapy.com

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

For further information concerning this matter, please call:

Garry Gillis

(Name of Contact Person)

at (904) 422-2297

(Area Code & Daytime Telephone Number)

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

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2011

GARRY GILLIS
ATLAS PHYSICAL THERAPY AND SPORTS MED.
12421 SAN JOSE BLVD., STE 100
JACKSONVILLE, FL 32223

SUBJECT: ST. JOHNS SPORTS MEDICINE COUNCIL, INC.
Ref. Number: N11000002473

We have received your document for ST. JOHNS SPORTS MEDICINE COUNCIL, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to complete the page one of your amendment application with the name and document number of the corporation you are trying to amend. Please correct document and resubmit to my attention.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 411A00028883

RECEIVED

AN -6 AM 8:14

JACKSONVILLE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

St. Johns Sports Medicine Council, Inc

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

N11000002473

(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:

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

(Florida street address)

New Registered Office 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

12 JAN -6 PM 12:20

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) <u>Pres</u>	<u>Garry Gillis</u>	<u>Atlas Physical Therapy + Sports Med.</u> <u>12421 San Jose Blvd Ste 100</u> <u>Jacksonville, FL 32223</u>
2) <u>VP</u>	<u>Ross Osborn</u>	<u>Center for Health and Sports Med. LLC</u> <u>115 Bartram Oaks Walk</u> <u>St. Johns, FL 32259</u>
3) <u>Sec.</u>	<u>Ron Berger</u>	<u>Atlas Physical Therapy and Sports Med.</u> <u>12421 San Jose Blvd Ste 100</u> <u>Jacksonville, FL 32223</u>
4) <u>Tr.</u>	<u>Tod Northrup</u>	<u>Florida Sports Medicine Institute</u> <u>150 Southpark Blvd Ste 102</u> <u>St. Augustine, FL 32086</u>
5) _____	_____	_____ _____ _____
6) _____	_____	_____ _____ _____

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) _____	_____	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: 12-19-2011

Effective date if applicable: 12-19-2011
(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 December 20, 2011

Signature

Garry Gillis
(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)

Garry Gillis

(Typed or printed name of person signing)

President

(Title of person signing)