

N11000008972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

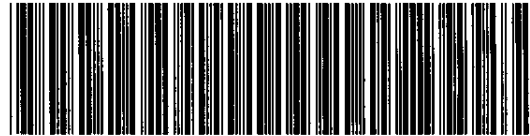
(Business Entity Name)

(Document Number)

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FILED
12 JUN 21 PM 1:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Amend NC

JUN 21 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Association of Physician Assistants in Psychiatry, Inc.

DOCUMENT NUMBER: N11000008972

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

Please return all correspondence concerning this matter to the following:

Krysta Langham

(Name of Contact Person)

Association of Physician Associates in Psychiatry, Inc.

(Firm/ Company)

801 E. Chapman Avenue Suite 216

(Address)

Fullerton, CA 92831

(City/ State and Zip Code)

Gec122448@aol.com

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

For further information concerning this matter, please call:

Glen E. Combs

(Name of Contact Person)

at (336) 970-3800

(Area Code & Daytime Telephone Number)

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

- | | | | |
|---|--|---|--|
| <input checked="" 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

June 14, 2012

ASSOCIATION OF PHYSICIAN ASSISTANTS IN PSYCHIATRY
C/O SUSAN EASTER - 2nd Mailout
POST OFFICE BOX 17824
TAMPA, FL 33682

SUBJECT: ASSOCIATION OF PHYSICIAN ASSISTANTS IN PSYCHIATRY,
INC.

Ref. Number: N11000008972

We have received your document for ASSOCIATION OF PHYSICIAN ASSISTANTS IN PSYCHIATRY, 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):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Page 4 of 4 signature page is required, please complete and return for processing.

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) 245-6050.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 112A00015772



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 1, 2012

ASSOCIATION OF PHYSICIAN ASSISTANTS IN PSYCHIATRY
11700 N. 58TH STREET
SUITE B
TEMPLE TERRACE, FL 33617

SUBJECT: ASSOCIATION OF PHYSICIAN ASSISTANTS IN PSYCHIATRY,
INC.
Ref. Number: N11000008972

We have received your document for ASSOCIATION OF PHYSICIAN ASSISTANTS IN PSYCHIATRY, 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):

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Sylvia Gilbert
Regulatory Specialist II

Letter Number: 112A00015772

RECEIVED
ASSOCIATION OF PHYSICIAN ASSISTANTS
IN PSYCHIATRY, INC.
2012 JUN 14 AM 8:21
TO: ASSOCIATION OF PHYSICIAN ASSISTANTS
IN PSYCHIATRY, INC.
SUFFOLK COUNTY, VA

Articles of Amendment
to
Articles of Incorporation
of

FILED

12 JUN 21 PM 1:14

Association of Physician Assistants in Psychiatry, Inc.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

N11000008972

(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:

Association of Physician Associates in Psychiatry, 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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

801 E. Chapman Avenue

Suite 216

Fullerton, CA 92831

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

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe
X Remove V Mike Jones
X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change Add Remove	P	Jay C. Somers, MS, PA-C, DFAAPA	801 S. Rancho E-2B Las Vegas, NV 89106
2) Change Add <u>X</u> Remove	P	Catherine Judd, PA-C	Parland Health & Hospital System 5201 Harry Hines Blvd. Dallas, TX 75235
3) <u>X</u> Change Add Remove	President-Elect	Travis Waters, PA-C	35 Tanner Parkway Canon City, CO 81212
4) Change <u>X</u> Add Remove	SC	Glen E. Combs, MA, PA-C	7212 McConnell Drive Kernersville, NC 27284
5) Change Add <u>X</u> Remove	Executive Director	Susan Easter, CAE	PO Box 82009 Tampa, FL 33682
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: 5-16-12

Effective date if applicable: _____
(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 5-16-12

Signature [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)

Glen E. Combs
(Typed or printed name of person signing)

Secretary
(Title of person signing)