

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150001721963)))



note: DO NOT hit the REFRESII/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : BROAD AND CASSEL (ORLANDO)

Account Number: I19980000090

Phone : (407)839-4200

Fax Number

: (407)839-4264

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN INSTITUTE FOR COSMETIC MINIMALLY INVASIVE SURGERY, I

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

3/006

Fax Server

(H15000172196 3)

## Articles of Amendment to Articles of Incorporation of

Institute for Cosmetic Minimally Invasive Surgery, Inc.					
(Name of Corporation as cur	rrently filed with	the Florida Dept. o	f State)	<del></del>	_
N14000008906					
(Document No	umber of Corpora	ation (if known)			_
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florid	la Not For Profit Cor	<i>poration</i> adopts t	he followi	ng
A. If amending name, enter the new name of the corpo	oration:		÷	The m	
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "inc	orporated" or the ab	breviation "Corp.	The ne ." or "Inc.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u> </u>		·.	-	<del></del>
·					<u>-</u> -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				į.	
	·				_
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi  Name of New Registered Agent:	office address in ice address;	Florida, enter the n	ame of the	()	<u>Li</u> gna
New Registered Office Address:	,	(Florida street ad	dress)		· ·
			, Florida		
	(City)		(Zip Code)		
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	<u>ered Agent:</u> m familiar with ai	nd accept the obligati	ons of the position		ال ئ
· · · · · · · · · · · · · · · · · · ·	Signature of N	ew Registered Agent,	if changing	2001 2001 2001 2001	LIS A
	Page 1 of 4			EL STATE	
			(H150	بر 0 <b>01721</b> 9	: 36

(H15000172196 3)

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 X Remove X Add	$\underline{\mathbf{v}}$ $\underline{\underline{\mathbf{M}}}$	hn <u>Doe</u> ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	Sarah Pryor	11234 Bridge House Road
Add			Windermere, Florida 34786
X Remove			·
2) Change	D	Phyllis Lynam	13506 Summerport Village Pkway
X Add			Windermere, Florida 34786
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		,	
Remove			
6) Change			·
Add			
Remove			

(H15000172196 3)

	litional Articles, necessary). (Be	apregie						
		<u> </u>					····	_
				,	· <b>_</b>			-
			<del></del>	<del></del>	<del></del> -			-
								_
								_
				<del></del>				_
								-
	· · · · · · · · · · · · · · · · · · ·				<del></del> -		······································	_
			_ <del>.</del>				·	_
	·							
					<del>-</del>			_
	<u></u>	<del></del>			<del>_</del>	<del></del>	<u> </u>	
	<del></del>			<u></u>				_
<u> </u>								
•								_
		-						
<del></del>		· · · · · ·						_
			_ <del></del>		<u></u>			-
				<del></del>			<del></del>	_

Broad and Cassel	7/15/2015	10:44:50 A	M PAGE	6/006	Fax Server
· • • • • • • • • • • • • • • • • • • •		EVVS THEM THE LEGALITY			
i ne aute of each amenament(s)	ndoption:		<del></del>		one man in the
date this document was signed.			,	n	•
Effective date if applicable:					(H15000172196 3)
	(no more the	n 90 days after am	endment file d	utez -	
Note: If the date inserted in this bidocument's effective date on the D			ry filing requi	rements, and a	ore will made by Haled a con-
Adoption of Amendment(s)	(CHECK C	NE)			
The amendment(s) was/were a was/were sufficient for approx		ers and the number	of votes cast	for the aments	.∝α().
There are no members or men adopted by the board of direct		on the amendment	s). The amen	dniengs) was (	· ·
Dated	17/15				
Signature	esuco X	12.00 in	<u>Esik</u>	`.	
	irman or vice chairm een selected, by an ir				
	t appointed fiduciary				
Jessica	McKinney				
	(Тур	oed or printed name	of person sign	រ៉េកខ្លួរ	
Directo	r			٠.,	
	···	(Title of per	son signing)	••	

Page 4 of 4

(H15000172196:3)