N14000010031

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COVER LETTER

TO: Amendment Section Division of Corporations Institute for Cochlear Implant Training, Inc. N14000010031 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Todd S. Payne, Esquire (Name of Contact Person) Zebersky Payne, LLP (Firm/ Company) 110 S.E. 6th Street, Suite 2150 (Address) Ft. Lauderdale, FL 33301 (City/ State and Zip Code) tpayne@zpllp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Todd S. Payne, Esquire (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is

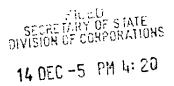
Mailing Address

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

Enclosed)

Articles of Amendment to Articles of Incorporation of



Institute for Cochlear Implant Training, Inc.

and the control trip		<u> </u>	
(Name of Corporation as currently N1400010031	filed with the Flo	rida Dept. of State)	
(Docum	nent Number of Co	orporation (if known)	
Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporation		es, this <i>Florida Not For Profit Corpord</i>	ution adopts the following
A. If amending name, enter the new nam N/A	e of the corporat	ion:	Tt
name must be distinguishable and contain to "Company" or "Co." may not be used in the		tion" or "incorporated" or the abbrev	The new iation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		N/A	
(Principal office address <u>MUST BE A STR</u>	REET ADDRESS		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		N/A	
D. If amending the registered agent and/	or registered offi	re address in Florida, enter the name	e of the
new registered agent and/or the new i	registered office a	ddress:	- or the
Name of New Registered Agent:	N/A		
-		(Florida street address)	
New Registered Office Address:			
<u>_</u>	N/A	, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as registere	ed agent. I am fa	miliar with and accept the obligations	of the position.
	Signature of New	Registered Agent, if changing	

Page 1 of 4

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: XChange Remove Add	<u>V</u> <u>1</u>	ohn Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		 		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
Kemove				
6) Change				
Add				,
Remove				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
The organization is organized exclusively for charitable, educational training,
and scientific purposes under section 501(c)(3) of the Internal Revenue Code,
or corresponding section of any future tax code. Upon the dissolution of this
organization, assets shall be distributed for one or more exempt purposes within
the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding
section of any future federal tax code, or shall be distributed to the federal government,
or to a state or local government, for a public purpose.

The date of each amendment(s) ad date this document was signed.	ption:	- 14 0 56	-5- 1	 	fother than the
Effective date if applicable:	(no more than 90 days after amendment	t file date)			
	(No more many appearance)	· • • • • • • • • • • • • • • • • • • •			
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were adwarded was/were sufficient for approve	opted by the members and the number of votes	s east for the amendme	nt(s)		
There are no members or members adopted by the board of directors	ers entitled to vote on the amendment(s). The	e amendment(s) was/we	ere		
Dated	14/14				
Signature 13	ella h				
(By the chair have not be	nan or vice chairman of the board, president on a selected, by an incorporator—if in the hands ppointed fiduciary by that fiduciary)	or other officer-if direct s of a receiver, trustee,	tors or		
Thomas J.	Balkany, M.D.				
	(Typed or printed name of person signing)				. 44
President					<u></u>
	(Title of person signing)				14 OEC -5
	·				
	·				₹.
					21