

N 9500000 2370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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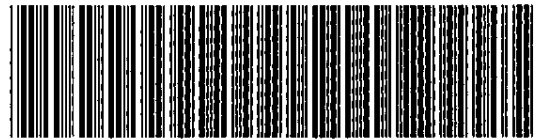
(Business Entity Name)

(Document Number)

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FIELD
SECRETARY OF STATE
DIVISION OF CORPORATIONS
DEC 28 PM 12:12

Amend & N.C.
C.COULLETTE

JAN 03 2012

EXAMINER

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: American Board of Wound Management (ABWM)
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Christopher M. Murphy

Name (Printed or typed)

1155 15th Street, NW #500

Address

Washington, DC 20005

City, State & Zip

202-457-8408

1155 15th Street, NW #500
Telephone number

cmurphy@aawm.org

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

NOTE: Please provide the original and one copy of the articles.

Articles of Amendment
to
Articles of Incorporation
of

American Academy of Wound Management, INC.

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

N95000002370

(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:

American Board of Wound Management, 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:

1155 15th Street, NW

(Principal office address MUST BE A STREET ADDRESS)

#500

Washington, DC 20005

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1155 15th Street, NW

#500

Washington, DC 20005

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: CT Corporation System

1200 South Pine Island Road

(Florida street address)

New Registered Office Address:

Plantation

(City)

, Florida 33324

(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.

N/A

Signature of New Registered Agent, if changing

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
DEC 28 PM 12:12



American Academy of
Wound Management

Board of Directors 2011-2012

President

Robert J. Snyder, DPM, FACFAS, CWS, FACCWS
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E: Julie.rhodovi@amtoundcare.com

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) _____	_____	_____ _____ _____
2) _____	_____	_____ _____ _____
3) _____	_____	_____ _____ _____
4) _____	_____	_____ _____ _____
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 is no text or other markings on the paper.

The date of each amendment(s) adoption: October 21, 2011

Effective date if applicable: January 1, 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 November 28, 2011

Signature Susan E. Dieter
(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)

Susan E. Dieter
(Typed or printed name of person signing)

Secretary
(Title of person signing)