(Re	equestor's Name)	
· (Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	· · · · · · · · · · · · · · · · · · ·
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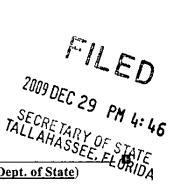
# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: M   YAMANI MD PA				
DOCUMENT NUMBER: P0000033924				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this	s matter to the following:			
	I YAMANI MD f Contact Person)			
(Name of	Contact Person)			
	I YAMANI MD PA			
(Firm	m/ Company)			
1745 S	S HIGHLAND AVE			
(	(Address)			
	WATER, FL 33756 ate and Zip Code)			
For further information concerning this matter, p	please call:			
M I YAMANI MD	at ( 727 ) 587-0377  (Area Code & Daytime T			
(Name of Contact Person)	(Area Code & Daytime T	elephone Number)		
Enclosed is a check for the following amount ma	ade payable to the Florida Depar	tment of State:		
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$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 Circ	le		

Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation of



# M I YAMANI MD PA

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

P00000033924		
(Document Number of Corporate		
Pursuant to the provisions of section 607.1006, Florida Statu following amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the	
A. If amending name, enter the new name of the corporation	<u>n:</u>	
ALL CARE MEDICAL CONSULTANTS PA		
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co. "Co". A professional corporation name must contain association," or the abbreviation "P.A."	," or the designation "Corp," "Inc," or	
B. Enter new principal office address, if applicable:	1745 S HIGHLAND AVE	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	CLEARWATER, FL 33756	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1745 S HIGHLAND AVE	
	CLEARWATER, FL 33756	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ado   Name of New Registered Agent:		
New Registered Office Address: (Flori	ida street address)	
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
<del></del>		☐ Add ☐ Remove	
			Add Remove
(attach d	additional sheets, if necessary).	(Be specific)	
provis	mendment provides for an exions for implementing the an not applicable, indicate N/A)	schange, reclassification, or cancellant in the am	ation of issued shares, endment itself:

The date of each amendment(s) adoption:			
Effective date if applicable:			
(no	more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adby the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.		
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):		
"The number of votes cast	for the amendment(s) was/were sufficient for approval		
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(voti	ing group)		
The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder		
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder		
Dated_12 - 19	Hanaw.		
Signature	Hanam.		
(By a dir selected,	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)		
	M I YAMANI MD		
_	(Typed or printed name of person signing)		
	DIRECTOR		
	(Title of person signing)		