below) on the top and bottom of all pages of the document.

(((H12000177585 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : 120000000257 : (850)224-8870

Fax Number : (850)222-1222

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

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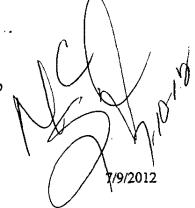
## COR AMND/RESTATE/CORRECT OR O/D RESIGN GILBERTO ACOSTA PODIATRIST, INC.

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July 9, 2012

## FLORIDA DEPARTMENT OF STATE

GILBERTO ACOSTA PODIATRIST, INC. Division of Corporations

801 W 48 ST

STE B

33012 HIALEAH, FL

SUBJECT: GILBERTO ACOSTA PODIATRIST, INC.

REF: P00000066109

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

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

FAX Aud. #: H12000177585 Letter Number: 112A00018372

## COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: 6:160 Acosta	Padistrist In c.
DOCUMENT NUMBERS <u>P0000066109</u>	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Gilboot J. A	Acosta
Name of Contact Person  Gilbort 5. Acos	
807 W 48 SA	C 4 0
Address	- Ser S
City State and Zip Cod	33012
City State and Zip Cod	e
65ADPM@GM	zil.com
B-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please call:	
C37Borto Acode at 303 Name of Contact Person Area Co	1 128-2288
Name of Contact Person Area Co	do & Daytimo Tolophono Number
Enclosed is a check for the following amount made payable to the Florida Depo	
S35 Filing Fee Cordfleate of Status  Cordfleate Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Cortificate 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

JUL. 9. 2012 4:44	PM CAPITAL CONNECT	ION		NO. 0826	49 44
3				2812.11	, EL
·		rticles of Amendment to icles of Incorporation	.*	MLLAHAS	NO PHIE.
	//berto Aco:	sta Pod	atrist,	Inc	ME. FLORIE
	10000006	-	(State)		
	(Document Number of Co.	<del></del>			
Pursuant to the provision its Articles of Incorporati	s of section 607.1006, Florida Str on:	ntutes, this Morida Profit	Corporation adopts	the following s	imendment(s) to
A. If amending name, e  G'  name must be distinguis "Corp.," "Inc.," or Ca.,	nter the new name of the corner hable and contain the word " or the designation "Corp," " essional association," or the abb	corporation," "company, "Inc," or "Co". A profes	" or "incorporate	d" or the abh	he naw repiation ntain the
	office address, if applicable: MUST BE A STREET ADDRE	<u></u>			
C. <u>Enter new mailing a</u> (Mailing address <u>MA</u>	iddress, if applicable: Y BE A POST OFFICE BOX	,			
	stered azent and/or registered and/or the new registered officency		enter the name of	the	
Name at New Re	eistered Agent				
•		(Florida Mrest address)			
New Rezistered		(Clly)	, Florida	Zip Code)	
New Revistered Agent's I have by accept the appoint	Signature, if changing Registe internet as registered agent. I an	red Ausnt: n familiar with and accept	the obligations of t	he position.	
	Signature of New R	Registered Agent, if change	ing		

If smending 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 latter 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, Salty Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Salty Smith, SV as an Add.

Example: X_Change	PX John Doe		
X Remove	Y Mike lones		
<u>X</u> Add	SV Sally Smith		
Type of Action (Check One)	Title Name	N/A	Addrees
Change Add Remove			
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remova	<u></u>		

Page 2 of 4

MILEON GREENIUM J.	eals, if necessary). (Be specific)	
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	<del></del>	<u></u>
<u>-</u>	///	···
		·
<del> </del>		
n amendment pr rovisions for imp (if not applicab	ovides for an exchange, reclassification, or ementing the amendment if not contained i , indicate N/A)	cancellation of issued shares, n the amondment itself:
	1/12	
	10/14	

7/2/2012
The date of each amendment(s) adoption:
Effective date if applicable:
(nd more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval
by
by"  (voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 7/9/12
Signature  (By a director president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)  Cosish  (Title of person signing)