P01000097635

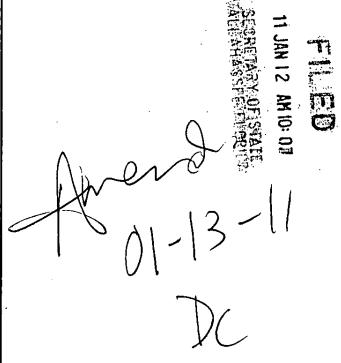
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 30, 2010

JILL A. CLIFFORD JILL A. REED, D.M.D., P.A. 660 N.E. 95 STREET, #5 MIAMI SHORES, FL 33138

SUBJECT: JILL A. REED, D.M.D., P.A.

Ref. Number: P01000097635

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

The document must have original signatures.

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) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 810A00030250



TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: JIII A	REED, M.M.D., P.A:
DOCUMENT NUMBER: POLOGO	7635
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Jill A Cliffe Name o	f Contact Person
JIII A REED FIN	OMO, PA
660 NE 195	Street, Suite 5
Migmi Shocks City/St	FL 33138 ate and Zip Code
E-mail address: (to be used for f	uture annual report notification)
For further information concerning this matter, pleas	e call:
JIII A CIIFFOCU Name of Contact Person	at (305) 877-0316 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
S\$35 Filing Fee & Certificate of Status Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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

Articles of Amendment to ' Articles of Incorporation of

Jill A. Resd. 1	M.D. P.A.		<i>:</i>	
(Name of Corporation as curre	ently filed with the Florida D	ept. of State)		
Pølø	ØØØ 97635			
(Document Nun	nber of Corporation (if known)			
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this Florid	da Profit Corporation	adopts the	following
A. If amending name, enter the new name o	f the corporation:			
name must be distinguishable and contain	4		The n	
name must be atstinguisnable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc," o	or "Co". A profession	ial corporati	ion
B. Enter new principal office address, if app	olicable:			
(Principal office address <u>MUST BE A STREE</u>				
,				
			1 1 1 1 1 1 1 1 1 1	rankijives
C. Enter new mailing address, if applicable	•		E	***
(Mailing address MAY BE A POST OFFICE			<u>%</u> ≅ ~	Separation.
	·		P P	
D. If amounting the registered agent and/on view	registered office address in Fl	arida antor the name		
D. If amending the registered agent and/or r new registered agent and/or the new registered.		orida, enter the name	ofthe	
N CN D : 14				
Name of New Registered Agent:				
N. D. C. LOW All	(F1 + 1 - 4 - 4 - 11			
New Registered Office Address:	(Florida street addr	ess)		
	(62)	, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changir				
I hereby accept the appointment as registered a	igent. I am familiar with and a	accept the obligations of	of the position	n.
S	Signature of New Registered Ag	ent, 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)

Title.	<u>Name</u>	<u>Address</u>	Type of Action
PST O	JIII A REED Offi	cer 1285 N.E. 101 St. er Miami Shores Florida 33138	□ Add ⊠ Remove
<u>PST</u>		Ner Miami Smores Florida 33138	
	· ·		
	ing or adding additional Articles, enditional sheets, if necessary). (Be s		
provisio	endment provides for an exchange, ns for implementing the amendmen t applicable, indicate N/A)		

The date of each amendment	(s) adoption: $1-7-10$
, ,	(date of adoption is required)
Effective date if applicable:	
******	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/web by the shareholders was/web	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d for 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	"
	(voting group)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	1/10
Signature	Tear a Coffee
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	(Typed) or printed name of person signing)
	(Typed)or printed name of person signing)
	Jist a Clifford
	(Title of person signing)