

P020000009562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

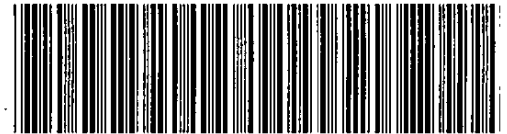
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06/11/09--01036--003 \*\*25.

06/30/09--01015--027 \*\*10.

2009 JUN 29 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend

TB

7-1-09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** FLORIDA MEDICAL & INJURY CENTER, INC.

**DOCUMENT NUMBER:** P02000009562

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NEAL PATEL

Name of Contact Person

FLORIDA MEDICAL & INJURY CENTER

Firm/ Company

1400 WEST OAK ST SUITE A

Address

KISSIMMEE, FL 34741

City/ State and Zip Code

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

For further information concerning this matter, please call:

HASMYKH

PATEL

Name of Contact Person

at ( 407 ) 944-9355

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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 Circle  
Tallahassee, FL 32301



RECEIVED  
JUN 19  
BY: \_\_\_\_\_

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 12, 2009

NEAL PATEL  
FLORIDA MEDICAL & INJURY CENTER, INC.  
1400 W OAK STREET STE A  
KISSIMMEE, FL 34741

SUBJECT: FLORIDA MEDICAL & INJURY CENTER, INC.  
Ref. Number: P02000009562

We have received your document for FLORIDA MEDICAL & INJURY CENTER, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 109A00019966

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2009 JUN 29 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILE  
2009 JUN 29 PM  
SECRETARY OF STATE  
TALLAHASSEE, FLOR.

P02000009562

Page 1 of 3

**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>	<u>Type of Action</u>
ACT MGR	NEAL PATEL	1400 W OAK ST SUITE A KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

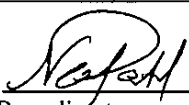
The date of each amendment(s) adoption: 6-22-2009  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

- ☒ The amendment(s) was/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 cast for the amendment(s) was/were sufficient for approval  
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 6-22-2009

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)

NEAL PATEL  
(Typed or printed name of person signing)

AST MAG.  
(Title of person signing)