

**P0200024894**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : MORAN & SHAMS, P.A.  
Account Number : I20000000003  
Phone : (407) 841-4141  
Fax Number : (407) 841-4148

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 MAR 20 PM 1:01

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN**

**APOPKA FAMILY HEALTH CENTER, P.A.**

Certificate of Status	0
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Estimated Charge	\$35.00

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*3-20-08*

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** APOPKA FAMILY HEALTH CENTER, P.A.

**DOCUMENT NUMBER:** P02000024894

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

Please return all correspondence concerning this matter to the following:

THOMAS P. MORAN, ESQUIRE

(Name of Contact Person)

MORAN KIDD LYONS JOHNSON & BERKSON, P.A.

(Firm/ Company)

111 N. ORANGE AVENUE, SUITE 1200

(Address)

ORLANDO, FLORIDA 32801

(City/ State and Zip Code)

For further information concerning this matter, please call:

THOMAS P. MORAN, ESQUIRE

(Name of Contact Person)

at ( 407 ) 841-4141

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
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(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

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The date of each amendment(s) adoption: DECEMBER 31, 2007

Effective date if applicable: DECEMBER 31, 2007  
(no more than 90 days after amendment file date)

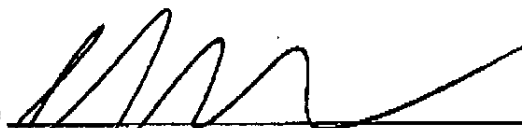
Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were approved 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.

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)

GEORGE M. ELIAS

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

**FILING FEE: \$35**

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