

P02000078910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

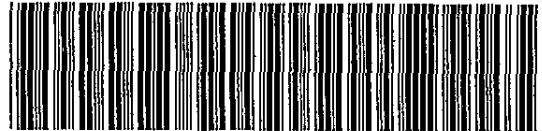
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Certified Copies _____

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06/07/04--01011--012 **43.75

FILED
04 JUN -7 AM 9:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

Name chg
JPM
6/15/04

Have ready by wed.

5.21.04

: Name change for Business:

We agree to change the name of our practice
from Doctors Inlet Pediatrics, PA to
Doctors Inlet Pediatrics and Primary Care.

Curtis A. Sanders, PA will be our attorney
in this regards.

Doctors Inlet Pediatrics : EIN : 141837982.

The EIN of our practice after name changed to
'Doctors Inlet Pediatrics and Primary Care' will
remain the same.

Sincerely,



Suwarna Tilak, MD
President & Director



Milind Tilak, MD
Vice-President & Director

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Name Change Request

DOCUMENT NUMBER: P02000078910

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

Please return all correspondence concerning this matter to the following:

CURTIS A. SANDERS

(Name of Person)

CURTIS A. "LEX" SANDERS, P.A.

(Name of Firm/ Company)

407 W. GEORGIA ST.

(Address)

STARKE, FLORIDA 32091

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

CURTIS SANDERS

(Name of Person)

at (904)

964-4111

(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 &
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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

DOCTORS INLET PEDIATRICS, P.A.

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

P02000078910

(Document number of corporation (if known))

FILED
04 JUN -7 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

DOCTORS INLET PEDIATRICS AND PRIMARY CARE, P.A.

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

N/A

(Attach additional pages if necessary)

If an amendment provides for 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

(continued)

The date of each amendment(s) adoption: 5-21-2004

Effective date if applicable: _____
(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.

Signed this 2nd day of June, 2004

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)

MILID TILAK, M.D.

(Typed or printed name of person signing)

DIRECTOR & VICE PRESIDENT

(Title of person signing)

FILING FEE: \$35