

POZ 000117169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

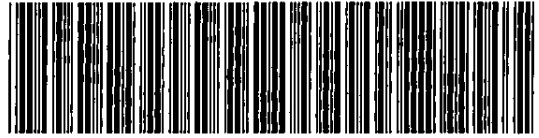
(Business Entity Name)

(Document Number)

Certified Copies  Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



900180703199

900180703199  
11/09/10--01025--027 \*\*86.25

2010 DEC -2 P 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*Amend  
Tewis  
12-3-10*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Alliance Pediatrics, P.A.

DOCUMENT NUMBER: PO2000117169

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

Please return all correspondence concerning this matter to the following:

Carol Ellis

Name of Contact Person

Alliance Pediatrics, PA

Firm/ Company

4627 NW 53rd Ave

Address

Gainesville, FL 32653

City/ State and Zip Code

appa cellis@hotmail.com

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

RECEIVED  
10 DEC -2 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Carol Ellis

Name of Contact Person

at ( 352 ) 335-8888

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)

*(already mailed)*

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 17, 2010

CAROL E. ELLIS  
ALLIANCE PEDIATRICS, P.A.  
4627 N.W. 53RD AVE.  
GAINESVILLE, FL 32653

SUBJECT: ALLIANCE PEDIATRICS, P.A.  
Ref. Number: P02000117169

We have received your document for ALLIANCE PEDIATRICS, P.A. and check(s) totaling \$86.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The wrong form was submitted.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 910A00026915

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2010 DEC -2 P 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Alliance Pediatrics, P.A.  
(Name of Corporation as currently filed with the Florida Dept. of State)  
PO2000117169  
(Document Number of Corporation (if known))

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

**A. If amending name, enter the new name of the corporation:**

n/a The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

n/a  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

n/a  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: n/a

New Registered Office Address: \_\_\_\_\_ (Florida street address)  
\_\_\_\_\_, Florida  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**  
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

n/a  
Signature of New Registered Agent, 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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
D	White, Carla M.D.	4627 NW 53rd Ave GAINESVILLE, FL 32606	<input type="checkbox"/> Add <input checked="" type="checkbox"/> <del>Remove</del>
			<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: 9/6/2010  
(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):

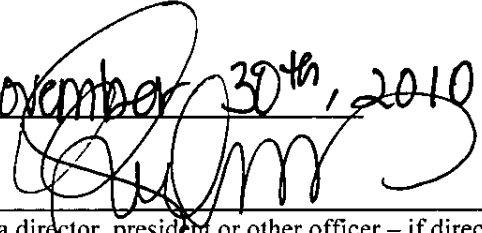
“The number of votes cast for the amendment(s) was/were sufficient for approval

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 November 30<sup>th</sup>, 2010

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)

Kathryn Sarantis, MS  
(Typed or printed name of person signing)

Registered Agent, President APPA  
(Title of person signing)