- P03000048906

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SEGRETARY OF STATE OF CORPORATIONS

N.C. **C.COULLIETTE**

DEC 29 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: _	KIMBERLY M. KAREL, P.A.
DOCUMENT NUMBER:	P03000048906
The enclosed Articles of Amendme	nt and fee are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
	KIMBERLY M. LAVIN
	Name of Contact Person
	Firm/ Company
	5005 POMPANO DRIVE
Division at Cosponicious R.O. Devision Refusers at 10 Co. 14	NEW PORT RICHEY, FL 34652
Manda Same	City/ State and Zip Code:
E-mail addr	ess: (to be used for future annual report notification)
For further information concerning	this matter, please call:
Name of Contact Person	at (
Enclosed is a check for the following	g amount made payable to the Florida Department of State:
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

Articles of Amendment to Articles of Incorporation of

KIMBERLY M. KAREL, PA

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

P03	3000048906	
(Document Nur	mber of Corporation (if known)	-
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this Florida Profit Corporate	ion adopts the following
A. If amending name, enter the new name o	of the corporation:	
KIMBER	RLY M. LAVIN, P.A.	The new
abbreviation "Corp.," "Inc.," or Co.," or the	the word "corporation," "company," or "inco e designation "Corp," "Inc," or "Co". A profes. ofessional association," or the abbreviation "P.A.	sional corporation
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
(1 incipal office address MOST BE A STREE		-
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		10 DEC 27 AM II: 5:
D. If amending the registered agent and/or new registered agent and/or the new regis	registered office address in Florida, enter the na istered office address:	me of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	, Florida	1
	(City) (Zip Code)	
	ng Registered Agent: agent. I am familiar with and accept the obligation Signature of New Registered Agent, if changing	ns of the position.

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> Name 1 Address **Type of Action** ☐ Add ☐ Remove ☐ Remove ___ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendment(s) adoption: 12/30/2010
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	11
	(voting group)
action was not required.	e adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
Dated 12/21	/2010
selec	director, president of other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	KIMBERLY M. LAVIN
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)