

PD3000117869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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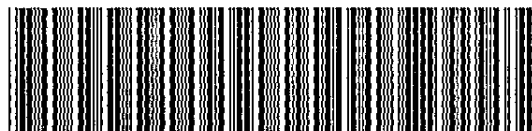
(Business Entity Name)

(Document Number)

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12/19/05--01026--011 **35.00

EFFECTIVE DATE

1-1-06

FILED

05 DEC 19 AM 9:17

CLERK OF STATE
TALLAHASSEE, FLORIDA

Amend + N/C

T BROWN DEC 30 2005

FROM :

FAX NO. : 727 789 3502.

Sep. 13 2005 09:20AM P2

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Remise Occupational Health Solutions, Inc.

DOCUMENT NUMBER: P03000117869

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

Please return all correspondence concerning this matter to the following:

Wendy Paracka
(Name of Contact Person)

Remise Health Solutions
(Firm/ Company)

638 E. Tarpon Ave.
(Address)

Tarpon Springs, FL 34689
(City/ State and Zip Code)

For further information concerning this matter, please call:

Wendy Paracka at (727) 938-0050
(Name of Contact Person) (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FROM :

FAX NO. : 727 789 3502

Sep. 13 2005 09:20AM P3

Articles of Amendment
to
Articles of Incorporation
of

EFFECTIVE DATE
1-1-06

Remise Occupational Health Solutions, Inc.

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

P03000117869

(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:

NEW CORPORATE NAME (if changing):

Remise Health Solutions, P.A.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

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

Article 3: Purpose

The purpose for which this corporation is organized is for the rendition of professional medical services for the diagnosis, treatment and management of disease processes and injuries; to implement and manage initiatives focused toward meeting community and individual needs through enhancing health care under direction of and by individuals licensed by the state of Florida and as allowed by state statute.

(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)

FILED
05 DEC 19 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM :

FAX NO. : 727 789 3502

Sep. 13 2005 09:20AM P4

The date of each amendment(s) adoption: ~~4/06~~ 12/16/05

Effective date if applicable: 1/1/06
(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

Wendy Paracka
(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)

Wendy Paracka
(Typed or printed name of person signing)

president
(Title of person signing)

FILING FEE: \$35