(Requestor's Name)  (Address)  (Address)	100109216241
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)	09/10/0701052005 **52.50°
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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: Leela R	Bolla MD Medical Associates PA			
DOCUMENT NUMBER: P04000	740357			
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Cathy Caldwa (Name of	Contact Person)			
Brigid Soldavi	CPA PA- Company) -			
Syss Jagger (A	Address)			
Naples For (City/State	= 3410 9 e and Zip Code)			
For further information concerning this matter, pi	lease call:			
Cathy Caldwell (Name of Contact Person)	at (239) 591 4747 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
□\$35 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  S52.50 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			

## **Articles of Amendment** to

FI	LED
- SEP /	7 #24
SECKE IAK ALLAHASSI	Y OF STATE

Articles of Incorporation 07 cm.
Articles of Incorporation 07 SEP 10 AM 5
Geriatric Institute of Naples Inc TALLAHASSEE. FLOR
Geriatric Institute of Naples Inc. FALLAHASSEE. FLOR
Payanonya357
P0400040357 (Document number of corporation (if known)
(2 contains and co
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):
Leela R Bolla MD Medical Associates PA  (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 III as previously filed should be deleted.
· '
Article III should now read as follows:
This corporation is organized for the purpose of
1
tendering professional services for modical and
healthcare services as licensed.
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provision for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate Not applicable) indicate Not applicable, in

(continued)

The date of ca	ch amen	lment(s) adopti	on:	9/107		
Effective date	if applica	ible:	nan 90 days a	9107	nt file date)	
		(110 1110,10 11	ami >0 days a	net amendine	in me date;	
Adoption of A	mendme	nt(s) (CI	IECK ON	<u>E</u> )		
					nolders. The number of vot	es cast for
folle	owing stai		eparately p		nolders through voting groue each voting group entitled	
	"The num	ber of votes cast	for the am	endment(s)	was/were sufficient for ap	proval by
	·	(voting	g group)			
		ent(s) was/were a fer action was no		the board o	f directors without shareho	older action
		ent(s) was/were a ction was not rec		the incorpo	rators without shareholder	action and
				/		
	Signature		corporator - it	in the hands	irectors or officers have not bee of a receiver, trustee, or other co	
		Lee	la R	Bolla		
		(7	Typed or prin	ted name of p	erson signing)	
		Pr	esident			
			(Titl	e of person si	gning)	

FILING FEE: \$35