

PO4000048177

(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



200058139342

08/04/05--01005--020 **35.00

FILED
05 AUG 17 PM 12:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

nk
Dmer

08/04/05

AUG 17 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Thomas A. Civitella, M.D., Ophthalmologist, Inc.

DOCUMENT NUMBER: P04000048177

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

Please return all correspondence concerning this matter to the following:

Sonya Komarinski

(Name of Contact Person)

Robert J. Norton, P.A.

(Firm/ Company)

1625 W. Marion Ave. Suite 14A

(Address)

Plata Gorda, FL 33950

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Sonya Komarinski

(Name of Contact Person)

at (941) 639-0311

(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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 5, 2005

SONYA KOMARINSKI
1625 W MARION AVE STE 14A
PUNTA GORDA, FL 33950

SUBJECT: THOMAS R. CIVITELLA, M.D. OPHTHALMOLOGIST, INC.
Ref. Number: P04000048177

We have received your document for THOMAS R. CIVITELLA, M.D. OPHTHALMOLOGIST, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The date of adoption of each amendment must be included in the document.

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) 245-6927.

Tracy Smith
Document Specialist

Letter Number: 605A00050564

RECEIVED
05 AUG 17 AM 8:00
DIVISION OF CORPORATIONS

Articles of Amendment
to
Articles of Incorporation
of

Thomas B. Civitella, M.D. Ophthalmologist, Inc.
(Name of corporation as currently filed with the Florida Dept. of State)

P04000048177

(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):

CIVI, Inc.

(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**)

Please change officers/director as follows:

President/Vice President = Timothy B. Civitella

17254 Spearmint Lane

Punta Gorda, FL 33955

Secretary/Treasurer = Dr. Thomas B. Civitella

1557 Colleen St.

Port Charlotte, FL 33952

Please designate 500 shares each to:

Dr. Thomas B. Civitella and Timothy B. Civitella

(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)

FILED
05 AUG 17 PM 12:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The date of each amendment(s) adoption: 7/22/05

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 22 day of July, 2005.

Signature Dr. Thomas R. Civitella
(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)

Dr. Thomas R. Civitella
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35