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(Business Entity Name)

(Document Number)

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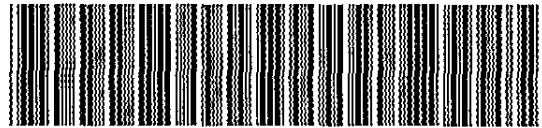
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TALLAHASSEE, FLORIDA

Ps 8/4/04
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OZARK, PERRON & NELSON, P.A.

Attorneys At Law

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Bradenton, Florida 34205
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DAMIAN M. OZARK*
ANDRE R. PERRON+**
MARK A. NELSON*

+Board Certified in Business Litigation
*Also Admitted in MS and CO
■Certified Circuit Court Mediator
**Also Admitted in NH

July 28, 2004

VIA FEDERAL EXPRESS

Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Re: Genesis Family Physicians, P.A.
Articles of Amendment

Dear Sir or Madam:

Enclosed please find original and one (1) copy of the Articles of Amendment, as well as a check in the amount of \$43.75 representing the filing fee for the Amendment, a Certificate of Status, and a Certified Copy of the Amendment once it has been recorded.

We request that you forward a copy of the enclosures to my office once same has been recorded.

Should you have any questions, please do not hesitate to call me.

Very truly yours,

OZARK, PERRON & NELSON, P.A.

By: 

Andre R. Perron

ARP:kp
Enclosure

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Genesis Family Physicians, P.A.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Andre R. Perron, Esquire

(Name of Contact Person)

Ozark, Perron, & Nelson, P.A.

(Firm/ Company)

2808 Manatee Avenue West,

(Address)

Bradenton, FL 34205

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Andre R. Perron

(Name of Contact Person)

at (941) 750-9760

(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

FILED

04 JUL 30 PM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(Document number of corporation (if known))

NEW CORPORATE NAME (if changing):

GENESIS FAMILY MEDICINE, 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)

(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)

(continued)

The date of each amendment(s) adoption: July 23, 2004

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 7/26/04 day of July, 2004

Signature

Marcella P. Jones

(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)

Marcella P. Jones

(Typed or printed name of person signing)

Owner / President

(Title of person signing)

FILING FEE: \$35