

184000122264

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMEND+VC
DEC 11/18

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RAIMAN FAMILY PRACTICE, INC

DOCUMENT NUMBER: PD4000122264

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

Please return all correspondence concerning this matter to the following:

MARIE RAIMÉ
(Name of Contact Person)

RAIMAN FAMILY PRACTICE, INC
(Firm Company)

1025 SW McFARLANE AVE
(Address)

LAKE CITY, FL 32025
(City State and Zip Code)

For further information concerning this matter, please call:

MARIE RAIMÉ at (386) 719-9204
(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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 4, 2004

MARIE RAIME
RAIMAH FAMILY PRACTICE, INC
~~1025 SW MCFARLANE AVE.~~
LAKE CITY, FL 32025

mail to:

PO Box 3412

Lake City FL 32056

(911 change of address)

Physical add.
4201 S. Hwy 4
Suite 3
Lake City FL
32025

SUBJECT: RAIMAH FAMILY PRACTICE, INC
Ref. Number: P04000122264

We have received your document for RAIMAH FAMILY PRACTICE, 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):

When changing the name of a corporation filed pursuant to chapter 607, Florida Statutes, to that of a professional service corporation filed pursuant to chapter 621, Florida Statutes, the nature of business must also be added or changed to specifically indicate what type of professional service the corporation will be rendering.

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) 245-6880.

Karen Gibson
Document Specialist

Letter Number: 504A00063312

Please Change Mailing Address: Shown above

NOTICE: IF YOU ARE RETURNING THIS DOCUMENT TO THE SECRETARY OF STATE, PLEASE INCLUDE A COPY OF THIS LETTER AND A CHECK FOR THE FILING FEE.

ENCLOSURE

Articles of Amendment
to
Articles of Incorporation
of

FILED
04 NOV 18 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BAIMAH FAMILY PRACTICE INC
(Name of corporation as currently filed with the Florida Dept. of State)

PO4000122264

(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):

BAIMAH PRIMARY CARE CENTER 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)**

FOR the PURPOSE OF MEDICAL CARE AT A
FAMILY HEALTH CARE CLINIC

(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)

The date of each amendment(s) adoption: 10/21/04

Effective date if applicable: 10/21/04
(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 21st day of OCTOBER, 2004

Signature _____

(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)

MARIE RAIMÉ

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35