

P04000138303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

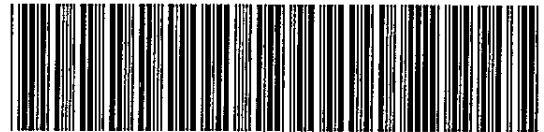
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05 MAY 23 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N/C

T BROWN MAY 23 2005

**INSTITUTE OF BARIATRIC MEDICINE**  
**TOTAL MEDICAL HEALTH & WELLNESS**

*Nutritional Products, Services & Cosmeceuticals*

March 30, 2005

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314



**I**  
**B**  
**M**

Dear Sir or Madam:

Attached are the completed forms and payment for the amendments to the corporation. Please make these changes as soon as possible.

Regards,

Michael M. Holloway, MD  
President

*Michael M. Holloway, M.D.*

2139-B NE 2<sup>nd</sup> Street • Ocala, Florida 34470 • 352.368.2148 Phone • 352.368.5892 Fax  
Website: [www.bariatricinstitutes.com](http://www.bariatricinstitutes.com) Email: [info@bariatricinstitutes.com](mailto:info@bariatricinstitutes.com)

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Institute of Biomimetic menard PA

DOCUMENT NUMBER: PO 40001 38 30.3

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

Please return all correspondence concerning this matter to the following:

Michael Hollaway  
(Name of Contact Person)

IBM  
(Firm/ Company)

2139 NE Second St B1  
(Address)

Ocala FL 34470  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Michael Hollaway at (352) 348-2148  
(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

April 8, 2005

MICHAEL M. HOLLOWAY  
INSTITUTE OF BARIATRIC MEDICINE, P.A.  
2139-B NE 2ND STREET  
OCALA, FL 34470

SUBJECT: INSTITUTE OF BARIATRIC MEDICINE, P.A.  
Ref. Number: P04000138303

We have received your document for INSTITUTE OF BARIATRIC MEDICINE, P.A. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The correct document number of the corporation is P04000138303.

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) 245-6869.

Teresa Brown  
Document Specialist

Letter Number: 605A00024124

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
05 MAY 23 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Institute of Biorhythmic Medicine, PA  
(Name of corporation as currently filed with the Florida Dept. of State)

P04000138303  
(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):**

Institute of Biorhythmic Medicine 9-01, 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)**

ADDRESS:  
2139 NE 2nd Street  
Suite B-2  
Ocala FL 34470

(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)

The date of each amendment(s) adoption: 5/10/2005

Effective date if applicable: 5/10/2005  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

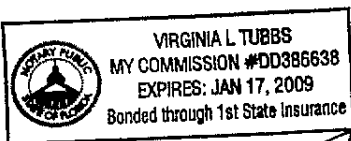
- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each 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  
1"  
(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 10<sup>th</sup> day of May, 2005.

Signature Michael M. Wilbur  
(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)



*Virginia Tubbs*  
*5/10/2005*

Michael M. Wilbur  
(Typed or printed name of person signing)  
manager - President  
(Title of person signing)

FILING FEE: \$35