

P05000014669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

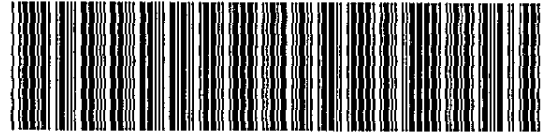
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800047712778

03/21/05--01019--021 **52.50

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 21 PM 4:14

Name Change
&
Amendment
03/28/05 Dr

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Lakeside Family Clinic, Inc.

DOCUMENT NUMBER: P05000014669

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

Please return all correspondence concerning this matter to the following:

Karen L. Pham

(Name of Contact Person)

Lakeside Family Clinic, Inc.

(Firm/ Company)

10490 Chalmer St., Apt. #7

(Address)

Spring Hill, FL 34608

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Karen L. Pham

(Name of Contact Person)

at (352) 238-7163

(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

Articles of Amendment
to
Articles of Incorporation
of

Lakeside Family Clinic, Inc.

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

P05000014669

(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:

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
OCT 21 PM 4:14

NEW CORPORATE NAME (if changing):

Heron Springs Family Medicine, 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)**

Article I : Name of corporation amended to: Heron Springs Family Medicine, Inc.

Article II : Principal place of business address amended to: 3502 Mariner Blvd

Spring Hill, FL 34609

Article II : Mailing address of the corporation amended to : 3502 Mariner Blvd

Spring Hill, FL 34609

(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

The date of each amendment(s) adoption: 03/16/2005

Effective date if applicable: 03/16/2005
(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

(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 16 day of March, 2005.

Signature Karen L. Pham
(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)

Karen L. Pham

(Typed or printed name of person signing)

Secretary & Treasurer

(Title of person signing)

FILING FEE: \$35