

PO500028225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

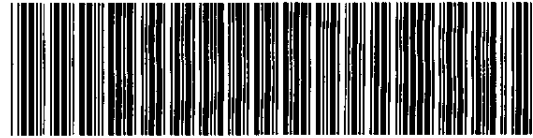
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700188244517

12/07/10--01007--016 \*\*25.00

02/16/11--01013--002 \*\*10.00

FILED  
11 FEB 16 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AMENDED  
KRG  
2-17

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FAMILY PRACTICE AND INJURY CENTER  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NILA J. ALLEN  
Name of Person

FAMILY PRACTICE AND INJURY CENTER  
Firm/Company

5778 5<sup>th</sup> AVENUE NORTH  
Address

ST. PETERSBURG FL 33710  
City/State and Zip Code

nilqallen@tampabay.rr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NILA ALLEN at (727) 347-3213  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

RECEIVED  
DEC 10 AM 11:24  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 15, 2010

NILA J. ALLEN  
FAMILY PRACTICE AND INJURY CENTER  
5778 5TH AVENUE NORTH  
ST. PETERSBURG, FL 33710

SUBJECT: FAMILY PRACTICE & INJURY CENTER, INC.  
Ref. Number: P05000028225

We have received your document for FAMILY PRACTICE & INJURY CENTER, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 510A00029023

RECEIVED

11 FEB 10 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** FAMILY PRACTICE AND INJURY CENTER LLC

**DOCUMENT NUMBER:** P05000078225

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

Please return all correspondence concerning this matter to the following:

NILA ALLEN

Name of Contact Person

FAMILY PRACTICE AND INJURY CENTER

Firm/ Company

5118 5<sup>th</sup> AVENUE NORTH

Address

ST. PETERSBURG FL 33710

City/ State and Zip Code

nilaallen@tampabay.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NILA ALLEN

Name of Contact Person

at ( 707 ) 347-3213

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FAMILY PRACTICE AND INJURY CENTER, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

P05000028225

(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:

**A. If amending name, enter the new name of the corporation:**

SAME The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

SAME

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

SAME

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 FEB 16 PM 12:35

FILED

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

NILA ALLEN

New Registered Office Address:

5778 5th AVENUE NORTH

(Florida street address)

ST. PETERSBURG

(City)

Florida 33710

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

[Signature]

Signature of New Registered Agent, if changing

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**  
 (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DP MGRM	NILA J. ALLEN	5778 5th AVENUE NORTH ST. PETERSBURG FL 33710	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
DP MGRM	SHANNON P. UNGERER	2423 W. SUNSET DR TAMPA FL 33629	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
 (attach additional sheets, if necessary). (Be specific)

---

---

---

---

---

---

---

---

**F. If an amendment provides for an 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: FEBRUARY 8, 2011  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

☐ The amendment(s) was/were adopted 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.

Dated FEBRUARY 8, 2011

Signature N. Allen  
(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)

NILA J. ALLEN  
(Typed or printed name of person signing)

OWNER / PRESIDENT  
(Title of person signing)