# P05000000000138

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SECRETARY OF STATE TALLAHASSEE FLORIDA

Amund 10,4/28/10

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	VASCULAR AND SPINE INSTITUTE, INC.			
DOCUMENT NUMBER:	NUMBER: P05000060738			
The enclosed Articles of Amendme	nt and fee are submitted for filing.			
Please return all correspondence cor	ncerning this matter to the following:			
	PETER CLAYTON			
	Name of Contact Person			
VA	SCULAR AND SPINE INSTITUTE, INC.			
	Firm/ Company			
788	7 NORTH KENDALL DRIVE, SUITE 210			
	Address			
<u> </u>	MIAMI, FLORIDA 33156			
	City/ State and Zip Code			
E-mail addre	peter@vascularandspine.com ess: (to be used for future annual report notification)			
For further information concerning	this matter, please call:			
PETER CLAYTON	at (			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the followin	g amount made payable to the Florida Department of State:			
✓ \$35 Filing Fee				
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			
rananassee, 1 15 52517	Tallahassee, FL 32301			

#### **Articles of Amendment** to **Articles of Incorporation** of

# VASCULAR AND SPINE INSTITUTE, INC.

(Name of Corp	oration as	currently	filed w	vith the	Florida	Dept. of	State)

## P05000060738

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

	7 7 11 11 11	The
me must be distinguishable and contain breviation "Corp.," "Inc.," or Co.," or the me must contain the word "chartered," "pro	e designation "Corp," "Inc,"	or "Co". A professional corpora
Enter new principal office address, if apprincipal office address <u>MUST BE A STREE</u>		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
· · · · · · · · · · · · · · · · · · ·		
If amending the registered agent and/or new registered agent and/or the new regi		lorida, enter the name of the
If amending the registered agent and/or new registered agent and/or the new regi		lorida, enter the name of the
new registered agent and/or the new regi		
<u>Name of New Registered Agent:</u>	stered office address:	

Page 1 of 3

# 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>	Type of Action
D	OSCAR SOSA, M.D.	7887 NORTH KENDALL DRIVE SUITE 210 MIAMI, FLORIDA 33156	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
		reclassification, or cancellation of iss	
<u>provisio</u>		reclassification, or cancellation of iss t if not contained in the amendment i	
<u>provisio</u>	ns for implementing the amendmen		

The date of each amendmen	t(s) adoption: JANUARY 1, 2010
Effective date <u>if applicable</u> :	(date of adoption is required)
• • · · •	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
✓ The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
action was not required.	
Signature _	IE 21, 2010
	a director, president or other officer – if directors or officers have not been
	ected, by an incorporator — if in the hands of a receiver, trustee, or other court pointed figure ary by that fiduciary)
	GARY TIE-SHUE
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)