

P05000130613

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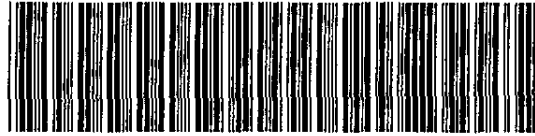
(Business Entity Name)

(Document Number)

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FILED
05 OCT 19 PM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
@ 10.19.05

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Hitchcock Health Institute, P.A.

DOCUMENT NUMBER: P05000130613

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

Please return all correspondence concerning this matter to the following:

Michael R. Lowe

(Name of Contact Person)

Ruden McClosky Smith Schuster & Russell, P.A.

(Firm/ Company)

111 N. Orange Avenue

(Address)

Orlando, Florida 32801

(City/ State and Zip Code)

For further information concerning this matter, please call:

Michael R. Lowe

(Name of Contact Person)

at (407) 244-8000

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 13, 2005

MICHAEL R. LOWE
RUDEN MCCLOSKEY SMITH SCHUSTER & RUSSELL
111 N. ORANGE AVENUE
ORLANDO, FL 32801

SUBJECT: HITCHCOCK HEALTH INSTITUTE, P.A.
Ref. Number: P05000130613

We have received your document for HITCHCOCK HEALTH INSTITUTE, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

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) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 205A00062435

Articles of Amendment
to
Articles of Incorporation
of

FILED
05 OCT 19 PM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Hitchcock Health Institute, P.A.

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

P05000130613

(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):

(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)**

ADD: ARTICLE XI - President, Vice President, Secretary, Treasurer

The name and address of the President, Vice President, Secretary and Treasurer

of Hitchcock Health Institute, P.A. is as follows: Lara Hitchcock, M.D., 1803 Park Center Drive, Suite
115, Orlando, Florida 32835

ADD ARTICLE XII - FEDERAL TAX ID NUMBER

The Federal Tax ID Number for Hitchcock Health Institute, P.A. is: 20-3520776

(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: September 28, 2005

Effective date if applicable: September 28, 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.

Signature

Lara Hitchcock (M.D.)

(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)

Lara Hitchcock, M.D.

(Typed or printed name of person signing)

President, Vice President, Secretary, Treasurer

(Title of person signing)

FILING FEE: \$35