

PO6000144260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

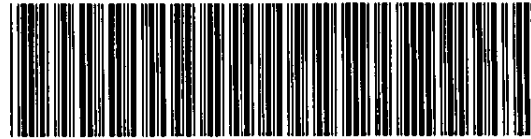
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATE
2016 NOV - 9 AM 11:29

NOV 10 2016

C LEWIS

Ultrasound Medical Institute, Inc.
d/b/a
NRI Institute of Health Sciences
500 Royal Palm Beach Boulevard
Royal Palm Beach, Florida 33411
561-688-5112
www.nriinstitute.edu

November 7, 2016

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

VIA EXPRESS MAIL EK45362525US

RE: Ultrasound Medical Institute, Inc.
Amendment Articles of Incorporation

Dear Sir or Madam

Enclosed you will find Amended Articles of Incorporation in duplicate.
We request a Certified Copy and a Certificate of Status.

We have enclosed our check in the amount of \$52.50 in payment of all fees.

We appreciate prompt return of the Certificate of Status and Certified Copy.
Thank you for your consideration and assistance.

If we can provide further information kindly let me know.

Thank you.

Sincerely,

Dan Splain
Chief Administrative Officer

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Ultrasound Medical Institute, Inc.

DOCUMENT NUMBER: P06000144260

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

Please return all correspondence concerning this matter to the following:

M. DANIEL SPLAIN

Name of Contact Person

ULTRASOUND MEDICAL INSTITUTE, INC.

Firm/ Company

500 RYAL PALM BEACH BOOULEVARD

Address

ROYAL PALM BEACH, FLORIDA 33411

City/ State and Zip Code

dsplain@nriinstitute.edu

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

For further information concerning this matter, please call:

M. Daniel Splain

at (

561

282-6800

Name of Contact Person

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2016 NOV -9 AM 11:29

Articles of Amendment
to
Articles of Incorporation
of

UTRASOUND MEDICAL INSTITUTE, INC.

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

P06000144260

(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:

N/A

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)

500 ROYAL PALM BEACH BOUEVARD

ROYALPALM BEACH, FLORIDA 33411

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

500 ROYAL PALM BEACH BOULEVARD

ROYAL PALM BEACH, FLORIDA 33411

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 NO CHANGE

(Florida street address)

New Registered Office Address: 500 ROYAL PALM BEACH BLVD, ROYAL PALM BEACH, Florida 33411
(City) (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 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)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u> </u> Change	<u>P</u>	<u>ANTHONY D. FERRI</u>	<u>6530 MARBLETREE LANE</u>
<u> </u> Add			<u>LAKE WORTH, FLORIDA</u>
<u>XXX</u> Remove			<u>33467</u>
2) <u>XXX</u> Change	<u>P</u>	<u>ELIZABETH STOLKOWSKI, ESQ</u>	<u>123 CYPRESS TRACE</u>
<u> </u> Add			<u>ROYAL PALM BEACH, FL</u>
<u> </u> Remove			<u>33411</u>
3) <u>XXX</u> Change	<u>C/S/T</u>	<u>M.. DANIEL SPLAIN</u>	<u>123 CYPRESS TRACE</u>
<u> </u> Add			<u>ROYAL PALM BEACH, FL</u>
<u> </u> Remove			<u>33411</u>
4) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>
5) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>
6) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>

Deleting or adding additional Articles, enter change(s) here:
(each additional sheet, if necessary). (Be specific)

Amend Article III-Purpose so that as amended Article III reads as follows:

Article III Purpose

To operate post secondary educational programs

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)

N/A

November 1, 2016

The date of each amendment(s) adoption: _____
date this document was signed.

2016 NOV 9 AM 11:29 if other than the

Effective date if applicable: November 1, 2016

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 November 1, 2016

Signature

(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)

M. Daniel Splain

(Typed or printed name of person signing)

Chairman

(Title of person signing)