## P00000144390

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TO PH 1: 55

Amendidane 105/20/13

## **COVER LETTER**

Amendment Section Division of Corporations NEW TAMPA PSYCHOLOGICAL SERVICES, INC DOCUMENT NUMBER: P06000144396 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TSILA A KIRSH Name of Contact Person NEW TAMPA PSYCHOLOGICAL SERVICES, PA Firm/Company 16303 TURNBRIDE CT TAMPA, FL 33647 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TSILA A KIRSH Enclosed is a check for the following amount: □ \$35.00 Filing Fee **\$43.75** Filing Fee & Certificate of Status □ \$43.75 Filing Fee & Certified Copy □ \$52.50 Filing Fee, Certificate of Status & Certified Copy Mailing Address: **Street Address:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



## NEW TAMPA PSYCHOLOGICAL SERVICES, INC

		<del> </del>		-
(Name of Corporation as currently fi	led with the Flo	rida Dept. of State)		
P06000144396				
(Document Number of	Corporation (if k	known)		
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	Statutes, this <i>Fl</i>	orida Profit Corporation add	opts the following a	amendment(s) to
A. If amending name, enter the new name of the co	rporation:			
NEW TAMPA PSYCHOLOGICAL	L SERVIC	ES;P.A.	7	he new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the	," "Inc," or "Ce	o". A professional corpora	rated" or the abb	reviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>(X</u> )			
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office addres office address:	ss in Florida, enter the nam	ne of the	
	(Florida stree	t address)		
	<b>,</b>	·		
New Registered Office Address:	(City)	, Florida_	(Zip Code)	
N D				
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		th and accept the obligations	s of the position.	
	-	<del>-</del>		
Signature of Ne	ow Registered Ag	ent 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	<u>PT</u>	John Doe	·
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	ST	JEFFREY E KIRSH	16303 TURNBRIDGE CT
Add			TAMPA FL. 33647
X Remove			
2) Change			
Add			
Remove			
3) Change	<u>-</u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
AMEND ARTICLE III-PURPOSE
THE CORPORATION IS ORGANIZED FOR THE PURPOSE TO PROVIDE SERVICES AS A PSYCHOLOGIST,
AS A PROFESSIONAL COPORATION AND TO CARRY ON SERVICES INCIDENT THRETO. THE RENDERING
OF SERVICES AS A PSYCHOLOGIST, IS THE SOLO AND EXCLUSIVE PROFESSIONAL SERVICE TO BE RENDERED BY THIS CORPORATION.
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: APRIL 25,2013
Effective date if applicable:	ANUARY 1,2013
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)
action was not required.  The amendment(s) was/were a	idopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
action was not required.	
Dated APRI	L 25,2013
Signature	16.0.
(By a selec	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court winted fiduciary by that fiduciary)
	TSILA A KIRSH
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of narron signing)