

P07000044617

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07 OCT 16 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Independent Physicians Liaison, Inc.

**DOCUMENT NUMBER:** P07000044617

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

Please return all correspondence concerning this matter to the following:

Thomas O. Michaels, Esq.

(Name of Contact Person)

Thomas O. Michaels, P.A.

(Firm/ Company)

1370 Pinehurst Rd.

(Address)

Dunedin, FL 34698

(City/ State and Zip Code)

For further information concerning this matter, please call:

Thomas O. Michaels, Esq.

(Name of Contact Person)

at ( 727 ) 733-8030

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
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☐ \$43.75 Filing Fee &  
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☐ \$52.50 Filing Fee  
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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

FILED  
07 OCT 16 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Independent Physicians Liaison, Inc.

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

P07000044617

(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):**

FULL CIRCLE PR, INC.

(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)**

ARTICLE VI - DIRECTORS/OFFICERS is completely amended to now read as follows:

The board of directors of this corporation shall consist of 2 members.

The names and addresses of the board of directors are:

MICHELE M. MALONEY, 8370 W. HILLSBOROUGH AVE, SUITE 206 TAMPA, FL 33615

JENNIFER VICKERY, 18819 Chaville Rd., Lutz, Florida 33558

The names and addresses of the officers of this corporation are:

MICHELE M. MALONEY, President and Treasurer 8370 W. HILLSBOROUGH AVE, SUITE 206 TAMPA, FL 33615

JENNIFER VICKERY, Vice-President and Secretary, 18819 Chaville Rd., Lutz, Florida 33558

(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: October 4, 2007

Effective date if applicable: upon filing  
(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 Michele M. Maloney  
(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)

MICHELE M. MALONEY  
(Typed or printed name of person signing)

Incorporator  
(Title of person signing)

**FILING FEE: \$35**