## P07000048524

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#### **COVER LETTER**

TO: Amendment Section

Division of Corporations .
NAME OF CORPORATION: STEVEN C. CHANG, M.D., P.A.
DOCUMENT NUMBER: P07000048524
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SUPRIYA TOMAR  Name of Contact Person
572VZN C, CHANG, M.D., R.A. Firm/Company
PO Box 1101  Address
PALM BZACH, FL 33480  City/ State and Zip Code
STEVEN CHANGMD @ HOTMAIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SUPRIVA TOMAR at (561) 805-9399  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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee Certified Copy Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

#### **Articles of Amendment**

to

#### **Articles of Incorporation**

of

# STEVEN C. CHANG, M.D., P.A. (Name of Corporation as currently filed with the Florida Dept. of State) P0700048524 (Document Number of Corporation (if known)

amendment(s) to its Articles of Incorporation:

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

P.A.  ne word "corporation,"	The "company," or "incorporated" or
designation "Corp," "Inc	," or "Co". A professional corpora
cable:	N/A
<u></u>	N/A
gistered office address in	n Florida, enter the name of the
ered office address:	
ered office address:  N/A  (Florida street a	oddress) , Florida
ered office address:	address)
(City)  Registered Agent:	oddress) , Florida
	designation "Corp," "Incessional association," or cable:  CADDRESS)  EBOX)

### 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)

Title P	Name JUAN CHANG	Address POBOX 1101 PALM BEACH,	Type of Action  Add  Remove
<u>P</u>	STEVEN CHANG	FL 33480 PO BOX 1101 PALM REACH, FL 33480	□ Add □ Remove
	nding or adding additional Articles, enter additional sheets, if necessary). (Be speci		
	1/A		
provis	nmendment provides for an exchange, recions for implementing the amendment if not applicable, indicate N/A)		

The date of each amendment(s) adopt	ion: JANUARY 19, 2010
	(date of adoption is required)
Effective date if applicable:	
(no more	e than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were suffici	d by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	ed by the shareholders through voting groups. The following statemen is voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	ne amendment(s) was/were sufficient for approval
by	roup)
(voting g	тоир)
The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder
Dated//	9/2010
selected, by a	r, president or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiduciary)
	STEVEN CHANG (Typed or printed name of person signing)
<del></del>	PRESIDENT (Title of person signing)