

PO 7000100394

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000221056 3)))



H110002210563ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : FLORIDA HEALTHLAW CENTER
Account Number : I20080000076
Phone : (954) 358-0155
Fax Number : (954) 358-1611

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: trishal@finealthlaw.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
MIND AND BODY WELLNESS CENTER, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

C.COULLIETTE

SEP - 9 2011

Electronic Filing Menu

Corporate Filing Menu

EXAMINER

FILED

11 SEP - 9 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

11 SEP - 9 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sep. 9. 2011 11:57AM

No. 0144 P. 2/5

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Mind & Body Wellness Center, P.A.

DOCUMENT NUMBER: P07000100394

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

Please return all correspondence concerning this matter to the following:

Trisha Spiller

Name of Contact Person

Florida Health Law Center, LLC

Firm/ Company

10200 W. State Road 84, Suite 106

Address

Davie, FL 33324

City/ State and Zip Code

trisha@fhealthlaw.com

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

For further information concerning this matter, please call:

Trisha Spiller

Name of Contact Person

at (954)

358-0155

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

((H 110002210563))

((H11 00022 1056 2))

Articles of Amendment
to
Articles of Incorporation
of

Mind & Body Wellness Center, P.A.

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

P07000100394

(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:

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

(Florida street address)

_____, Florida

(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

((H11 00022 1056 3)))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP -9 PM 2:13

FILED

((H11000221056 3)))

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PD	Peter Sanchez, M.D.	4242 N. Federal Hwy STE H Ft. Lauderdale, FL 33308	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PD	Anthony P. Posca, M.D.	4242 N. Federal Hwy STE H Ft. Lauderdale, FL 33308	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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)

((H11000221056 3)))

((H11000221056 3)))

The date of each amendment(s) adoption: August 24, 2011

Effective date if applicable: August 24, 2011 (date of adoption is required)
(no more than 90 days after amendment file date)

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 August 24, 2011

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)

PETER JANCHER MD
(Typed or printed name of person signing)

~~DESIGNATED MD/OWNER~~ President
(Title of person signing)

((H11000221056 3)))