P08000080057

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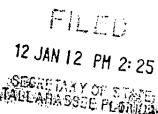
Amend Mc Thereso 1-13-12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	SSP	MEDICINE,	P. A .		
DOCUMENT NUMBER:	P080000 800S	7			
The enclosed Articles of Amendme	ent and fee are submitted	for filing.			
Please return all correspondence co	ncerning this matter to t	ne following:			
	He <u>x Khromo</u> Nan				
	Nan	ne of Contact Person			
	SSP medicin	e, P.A.			
· · · · · · · · · · · · · · · · · · ·	SSP medicin	Firm/ Company			
	1565 Saxon Blvd, Suit 204 Address				
		Address			
	Deltona FL	3272			
	De Hona FL 32725 City/ State and Zip Code				
	_				
E-mail	Khrale@ya	future annual report	notification)		
For further information concerning	•	326	\740 <u>-</u> 4343		
Name of Contact Pe	erson	at (<u>J & &</u> Area Coa	742 - 4343 de & Daytime Telephone Number		
Enclosed is a check for the following					
\$35 Filing Fee \$\sum_\$43.7 Certif	icate of Status Ce	3.75 Filing Fee & rtified Copy dditional copy is (Additional C	□\$52.50 Filing Fee Certificate of Status Certified Copy opy is enclosed)		
Mailing Address Amendment Sect Division of Corp P.O. Box 6327 Tallahassee, FL 3	ion orations	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301		

Articles of Amendment to Articles of Incorporation of



SSP Medicine, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P08000080057 (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: SSP Medicine, P.A. 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 <u>MUST BE A STREET ADDRESS</u>) 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 (Florida street address) New Registered Office Address: Florida 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	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove	<u></u>	,	
5) Change Add Remove			
6) Change Add Remove			

E. If amending or ac (attach additional	lding additional Artic sheets, if necessary).	les, enter cl (Be specific	hange(s) he	ere:		
Purpose of the	corporation is to	provide	medical	services ar	d for any an	d all lawful
business.						
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provisions for in	provides for an exchange of the amen cable, indicate N/A)	ange, reclas	sification, of containe	or cancellation d in the amendi	of issued shares. nent itself:	1
				,		
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The date of each amendment(s) ac	January 2, 2012
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 1/2	2/2012
	Men
Signature	irector, president or other officer – if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court
appoin	ted fiduciary by that fiduciary)
	ALEX KHROMOV
	(Typed or printed name of person signing)
	PRESIDENT.
	(Title of person signing)