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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*Amend MC  
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1-13-12*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SSP MEDICINE, P.A.

DOCUMENT NUMBER: P08000080057

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

Please return all correspondence concerning this matter to the following:

Alex Khromov  
Name of Contact Person

SSP medicine, P.A.  
Firm/ Company

1565 Saxon Blvd, Suite 204  
Address

Deltona FL 32725  
City/ State and Zip Code

khrale@yahoo.com.  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Khromov at ( 386 ) 742-4343  
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:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status<br>enclosed) | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>(Additional Copy | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>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  
12 JAN 12 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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.

*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 \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office 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

*(Attach additional sheets, if necessary)*

*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.*

**Example:**

X Remove                      V                      Mike Jones

<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>
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1) \_\_\_\_\_ Change  
\_\_\_\_\_ Add  
\_\_\_\_\_ Remove

2) Change \_\_\_\_\_  
Add \_\_\_\_\_  
Remove \_\_\_\_\_

3) Change \_\_\_\_\_  
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)*

Purpose of the corporation is to provide medical services and for any and all lawful  
business.

**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: 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 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 1/2/2012

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)

ALEX KHROMOV

(Typed or printed name of person signing)

PRESIDENT.

(Title of person signing)