P09000003134

_
_
_
_





300257625993

03/10/14--01040--007 **35.00

14 MAR 10 PM II: 27

SECRETARY OF STATE

MAR 12 2014 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ACCIDENT &	Injury Clinic Inc.		
DOCUMENT NUMBER: P09000003134				
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		
_	Hans Kennon			
		Name of Contact Person		
	Morgan & Morgar	1		
-		Firm/ Company		
,	20 North Orange	Avenue 4th Floo	or	
-		Address		
	Orlando, FL 3280	1		
-	<u> </u>	City/ State and Zip Code		
hke	nnon@forthepeo	ole.com		
		ed for future annual report	notification)	
	·			
For further information	concerning this matter, pleas	e call:		
Hans Kennor	1	at (407	420-6686	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment 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		Ameno Dívisio Cliftor	Address Iment Section on of Corporations on Building Executive Center Circle	
Tall	ahassee, FL 32314	Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of



Accident & Injury Clinic Inc.

14 MAR 10 PH 11: 27

(Name of Corporation as of Po9000003134	currently filed with the Flor	rida Dept. of State)		
	Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607.16 its Articles of Incorporation:	•		ots the following	amendment(s) to
A. If amending name, enter the new nam	ne of the corporation:			
N/A				The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or "Co	o". A professional corporation		
B. Enter new principal office address, if (Principal office address MUST BE A ST	fapplicable:	N/A		
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		N/A		
D. If amending the registered agent and		ss in Florida, enter the name	of the	
new registered agent and/or the new				
Name of New Registered Agent	N/A			
	(Florida stree	et address)		
New Registered Office Address:		, Florida	(Zip Code)	•
	(City)		(Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as registed (In)	nanging Registered Agent: ered agent. I am familiar w Washington Vashington gnature of New Registered A	kes	of the position.	

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	٧	KIMBERLY D. VASSILAKIS	807 BEVILLE ROAD
Add			SOUTH DAYTONA, FL 32
Remove			
2) Change		N/A	
Add			
Remove			
3) Change		N/A	
Add Add			
Remove			
4) L Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
A		
		
	·	
		,
		
		<u></u>
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
I/A		
		
		

The date of each amendment(s) date this document was signed.	s) adoption: APKIL 1, 2014	, if other than the
Ü	APRIL 1, 2014	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	c approved by the shareholders through voting groups. The following statement 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 action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Signature	RCH 5, 2014	
/ β	y adirector, president or other officer - if directors or officers have not been	
	lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	HARRY VASSILAKIS	
	(Typed or printed name of person signing)	
	PRESIDENT/CEO	
	(Title of person signing)	