P09000040036

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number))
Certified Copies	_ Certificate	s of Status
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07/13/12--01016--013 **35.00

Amend



JUL 1 3 2012 T. ROBERTS

COVER LETTER

Division of Corporations Innovative Medical Center Inc. NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Brittany Seymour Innovative Medical Center Inc W. Vine St. Ste. 116 KISSIMMEE FL 34741
City/State and Zip Code bseymure_imc@yahoo. com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Britany Seymour at (40) 545-9080

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 **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

TO: Amendment Section

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

(Additional Copy

is enclosed)

Articles of Ame	
to	
Articles of Incor	poration Collins and the second
of	poration 12 JUL 13
Innovative Medical Cente	er Loc. Aliania 34
(Name of Corporation as currently filed with the Flor	rida Dept. of State
P09.000040036	- CORINGA
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Statutes, the statutes of the sta	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Ennoyative Medical Center name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
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 Bri

New Registered Office Address: Kissimmee

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.

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 <math>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	no	chang	P5	
X Add	<u>\$V</u>	Sally Smith	110	Cricary	100	
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					<u> </u>	
4) Change						
Add						
Remove						
5) Change						
Add			•			
Remove						
6) Change		-/	,			
Add	/	/	·			
Remove						

If am (Attac	ending or adding additional Articles, enter change(s) here: h additional sheets, if necessary). (Be specific)
	No Change
	1 40 3 10 19
	
. <u>-</u>	
	/
If an	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
	NO Change
	100 01 102

The date of each amendment(s) adoption:
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 07 10 12
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)
Annie Malsingh (Typed or printed name of person signing)
Owner President (Title of person signing)
/