P09000045118

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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SECRETARY OF STATE

Amend

nor - 8 anno

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF COR	PORATION:	Cambridge Medical Instit	tute
DOCUMENT NUMBER: P09000045118		· · · ·	
The enclosed Artic	cles of Amendment and fee	are submitted for filing.	
Please return all co	orrespondence concerning t	his matter to the following:	
		Aymee McCay	
		Name of Contact Person	
	Cam	hbridge Medical Institute Firm/ Company	
		ritti Company	
8160 Baymeadows Way West Suite 300 Address			
		Addiess	
	Ja	cksonville, FL 32256 City/ State and Zip Code	
	aym	ee@earthlink.net	
	E-mail address: (to be u	sed for future annual report notification)	
For further inform	ation concerning this matte	r, please call:	
	Aymee McCay of Contact Person	at (904) 7' Area Code & Daytime Tele	10-7633
		made payable to the Florida Depart	•
□ \$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 A		Street Address Amendment Section	
Amendment Section Division of Corporations		Division of Corporations	
P O Boy 6327		Clifton Ruilding	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Amenament
°
ncorporation
Institute Inc.
th the Florida Dept. of State
Institute Inc. the the Florida Dept. of State) attion (if known)
ration (if known)
tutes, this Florida Profit Corporation adopts the following
tion:
The new
orporation," "company," or "incorporated" or the "Corp," "Inc," or "Co". A professional corporation ciation," or the abbreviation "P.A."
8160 Baymeadows Way West)
<u>Suite 300</u>
Jacksonville, FL 32256
8160 Baymeadows Way West
Suite 300
Jacksonville, FL 32256
ce address in Florida, enter the name of the address:
orida street address)
, Florida
(y) (Zip Code)
Agent:
miliar with and accept the obligations of the position.
ew 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
Pres	Diane F. Lotin	3258 Horse Shoe Trail Drive	_ □ Add ☑ Remove
		Orange Park, FL 32065	_ <u> </u>
<u>Pres</u>	Aymee S. McCay	8079 Village Gate Ct	_ ☑ Add □ Remove
		Jacksonville, FL 32217	_
<u>VP</u>	Aymee S. McCay	8079 Village Gate Ct	_
		Jacksonville, FL 32217	
The final	result should be Aymee McCay a	s president and Diane Lotin as	vice president.
provisi	mendment provides for an exchange, ons for implementing the amendment not applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: September 24, 2009
Effective date, if applicable:	(date of adoption is required) September 24, 2009
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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	,"
-, <u></u>	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated Sep	tember 24, 2009
sel	y a director, president or other officer of directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Aymee McCay
	(Typed or printed name of person signing)
	President
	(Title of person signing)