

PO9000063694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500301744735

08/30/17--01003--003 **10.00

07/26/17--01013--004 **25.00

2017 AUG 24 P 4: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

SEP 05 2017
T. LEMIEUX

20

**Kristal Fadem
Central Florida Injury Southwest, INC
882 S. Kirkman Rd., Suite 201
Orlando, FL 32811**

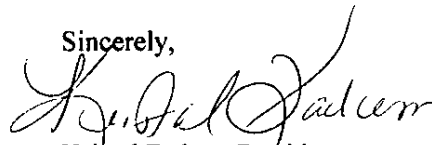
Division of Corporations
Amendment Section
P.O. Box 6327
Tallahassee, FL 32314

**RE: Letter Number: 317A00015645
Document Number: P09000063694**

To Whom It May Concern,

This letter responds to your letter (317A00015645) regarding the document to file Articles of Amendment. I originally filed Articles of Amendment for an LLC; however, this entity is a profit corporation. Enclosed, please find the correct form to file Articles of Amendment for a profit corporation and a check for \$10. The filing fee of \$25 has already been paid.

Sincerely,


Kristal Fadem, President

RECEIVED
17 AUG 24 PM 08:20
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Central Florida Injury Southwest, INC.

DOCUMENT NUMBER: P09000063694

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

Please return all correspondence concerning this matter to the following:

Ann Bittinger
Name of Contact Person
The Bittinger Law Firm
Firm/ Company
13500 Sutton Park Drive S. Suite 201
Address
Jacksonville, FL 32224
City/ State and Zip Code

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

For further information concerning this matter, please call:

Ann Bittinger at (904) 821-9000
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 &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2017

KRISTAL FADEM
882 S KIRKMAN RD STE 101
ORLANDO, FL 32811

SUBJECT: CENTRAL FLORIDA INJURY SOUTHWEST, INC.
Ref. Number: P09000063694

We have received your document for CENTRAL FLORIDA INJURY SOUTHWEST, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a Profit corporation the document you sent in is for a LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 317A00015645

Articles of Amendment
to
Articles of Incorporation
of

Central Florida Injury Southwest, INC.

FILED

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000063694

2017 AUG 24 P 4: 07

(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:

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

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>PSTD</u>	<u>Jerold Fadem, Sr., M.D.</u>	<u>882 S. Kirkman Rd., Suite 101</u>
<input type="checkbox"/> Add			<u>Orlando, FL 32811</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>PSTD</u>	<u>Kristal Fadem</u>	<u>882 S. Kirkman Rd., Suite 101</u>
<input checked="" type="checkbox"/> Add			<u>Orlando, FL 32811</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 8-21-17

Signature

Kristal Fadern
(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)

Kristal Fadern

(Typed or printed name of person signing)

President

(Title of person signing)