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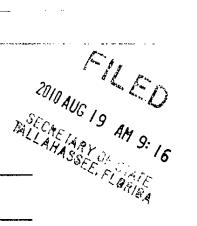
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	TMC of Brevard, Inc	.
DOCUMENT NU	UMBER:	P09000076233	<u> </u>
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
		ne T. Fonzi, Esquire	
	N	lame of Contact Person	
	Fon	zi & Associates, P.L.	
	Firm/ Company		
	1402 Highway A1A, Suite A		
Address			
		llite Beach, FL 32937	
City/ State and Zip Code			
	ifonz E-mail address: (to be use	i@hotmail.com d for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
	Irene T. Fonzi	at (321) Area Code & Daytime T	777-1191
Name	e of Contact Person	Area Code & Daytime T	elephone Number
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depa	artment of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section f Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building	
rananasse	e, FL 32314	2661 Executive Center Circ	CIG

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



TMC of Brevard, Inc. (Name of Corporation as currently filed with the Fiorida Dept. of State) P09000076233

(Document Num	ber of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this F	Ilorida Profit Corporation adopts the fol	lov
A. If amending name, enter the new name of	the corporation:		
		The new	
name must be distinguishable and contain t abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "Inc	c," or "Co". A professional corporation	? 1
B. Enter new principal office address, if appl	licable:		
(Principal office address <u>MUST BE A STREE</u>	<u>TADDRESS</u>)		
	-		
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
(Mailing duaress WIAT BE A FOST OFFIC	LE BOX)	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	-	
D. 16		- Florida 4 4h of 4h-	
 If amending the registered agent and/or r new registered agent and/or the new regis 		n Florida, enter the name of the	
Name of New Registered Agent:			
tame of the Augusterea rigem.		2000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
New Registered Office Address:	(Florida street e	address)	
		, Florida	
•	(City)	(Zip Code)	
New Registered Agent's Signature, if changing	ng Registered Agent:		
I hereby accept the appointment as registered a		and accept the obligations of the position.	
S	ignature of New Registere	d Agent, if changing	

removed a	og the Officers and/or Directors, ente nd title, name, and address of each C litional sheets, if necessary)	r the title and name of each officer/d Officer and/or Director being added:	irector being
Title	Name	Address	Type of Action
<u>VP</u>	Christopher D. Bonelli	1445 PHYLLIS DR MERRITT ISLAND FL 32952	_
<u>D</u>	Christopher D. Bonelli	1445 PHYLLIS DR MERRITT ISLAND FL 32952	_ □ Add _ ☑ Remove
			_
provisi		, reclassification, or cancellation of is It if not contained in the amendment	

Luke 7, 0040
The date of each amendment(s) adoption: July 7, 2010 (date of adoption is required).
Effective date if applicable: July 7, 2010
(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_ July 7, 2010
Signature Medical Doringma
(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)
Michael E. Springman
(Typed or printed name of person signing)
Director and President
(Title of person signing)