

P100000034325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

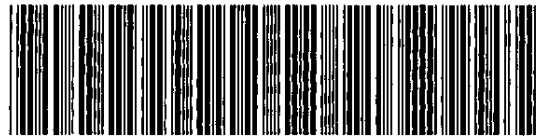
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 MAY 10 AM 10:53

Amend
@ 5/14/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BREVARD PHYSICIANS PA

DOCUMENT NUMBER: P10000034325

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

Please return all correspondence concerning this matter to the following:

MICHELLE

Name of Contact Person

BREVARD PHYSICIANS PA

Firm/ Company

833 BARTON BLVD

Address

ROCKLEDGE, FL 32955

City/ State and Zip Code

MHUNTER1130@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELLE HUNTER

Name of Contact Person

at (321)

6320552

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 &
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
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA
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(Document Number of Corporation (if known))

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
D	THANMAY AND THEJAS FAMILY TRUST	4820 N COURTNAY PKWY MERRITT ISLAND FL 32953 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
D	VINAY KUMAR	4820 N COURTNAY PKWY MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

ALL SHARES TO THANMAY AND THEJAS FAMILY TRUST WILL REMAIN NULL
 AND VOID THE ONLY SHAREHOLDERS WILL BE ANUPAMA NANDIVADA AND
 VINAY KUMAR

The date of each amendment(s) adoption: 05/01/2010

(date of adoption is required)

Effective date if applicable: 05/01/2010

(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 05/04/2010

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)

VINAY KUMAR, THANMAY AND THEJAS FAMILY TR

(Typed or printed name of person signing)

~~OFFICER~~

Director

(Title of person signing)