

P10000046367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

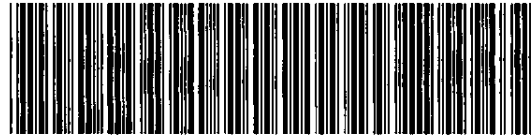
(Business Entity Name)

(Document Number)

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10/21/10--01014--017 \*\*35.00

Amend/nc

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FILED  
10 NOV - 1 PM 4:07  
SECRETARY OF STATE  
RECEIVED  
MONTGOMERY, ALABAMA

Roberts NOV 01 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 NOV -1 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 22, 2010

DR ROBERT WINEGAR  
100 N WASHINGTON BLVD 102  
SARASOTA, FL 34236

SUBJECT: NEUROPSYCHOLOGY AND BEHAVIORAL HEALTH ASSOCIATES,  
INC.

Ref. Number: P10000046367

We have received your document for NEUROPSYCHOLOGY AND BEHAVIORAL HEALTH ASSOCIATES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 810A00025089

*Please see  
page #2*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Neuropsychology and Behavioral Health Associates, Inc.

DOCUMENT NUMBER: P 100000 463 67

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

Please return all correspondence concerning this matter to the following:

Dr. Robert Winegar

Name of Contact Person

Same as above

Firm/ Company

100 N. Washington Blvd, 102,

Address

Sarasota, FL 34236

City/ State and Zip Code

Winegar01@comcast.net

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

For further information concerning this matter, please call:

Dr. Winegar

Name of Contact Person

at ( 941 ) 953-4313

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

Articles of Amendment  
to  
Articles of Incorporation  
of

Neuropsychology and Behavioral Health Associates, Inc.

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

P 100000 463 67

(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:**

Neuropsychology and Behavioral Health Associates, P.A.

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:

\_\_\_\_\_

New Registered Office Address:

(Florida street 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

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CLERK OF STATE

**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>
Secretary	Peter Kaplan	100 N. WASHINGTON BLVD 102 SARASOTA, FL 34236	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

⊛ Business purpose: "Provide neuropsychological and psychotherapeutic services to children, adolescents, and adults"

**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)

The date of each amendment(s) adoption: 10/18/2010  
(date of adoption is required)  
Effective date if applicable: 10/18/2010  
(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):

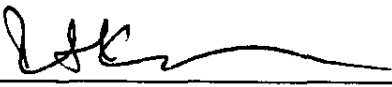
"The number of votes cast for the amendment(s) was/were sufficient for approval

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 10/18/2010

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)

Robert K. Winegar  
(Typed or printed name of person signing)

CEO  
(Title of person signing)