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2011 NOV -7 PH 3: 05
SECRETARY OF STATE
TALLAHASSEE, FLORID,

Amend Brown 11-10-11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Thomas B. Nguyen, M.D., P.A.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Thomas B. Nguyen
Name of Contact Person
Thomas B. Nguyen, M.D., P.A.
Firm/ Company
2309 W. Woolbright Rd., Suite 2
Address
Boynton Beach, FL 33426
City/ State and Zip Code
thomis.n@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas Nguyen at (561) 634-7262
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:
\$35 Filing Fee \$\ Certificate of Status \$\ Certified Copy (Additional copy is enclosed) \$\ (Status \) \$\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

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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 a	amending	name,	enter	the	new	name	of	the	cor	porat	ion:
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The new name must be distinguishable and incorporated or the abbreviation "Corp.," "Incorporation name massociation," or the abbreviation "P.A."	c.," or Co.,	" or the des	ignation "C	orp," "Inc," or
B. Enter new principal office address, if applical				
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C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>30X</u>)		·	
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). If amending the registered agent and/or regis			lorida, enter	the name of the
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new registered agent and/or the new registere Name of New Registered Agent:		la street addi	•	Florida

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, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

16 REMOVING an officer and/or director, please list the title(s) and name of the officer/director removed: 17 Title(s) Name Title(s) Name	Title(s)	<u>Name</u>		Address
Cheryl C. Nguyen 2309 W. Woolbright Rd., Suite 2 Boynton Beach, Fl. 33428 33) 41) 15 REMOVING an officer and/or director, please list the title(s) and name of the officer/director removed: Title(s) Name Title(s) Name	1) President	Thomas B. Nguyen	• • •	2309 W. Woolbright Rd., Suite 2
Cheryl C. Nguyen 2309 W. Woolbright Rd., Suite 2 Boynton Beach, FL 33428 4) 6) 6) 6 6 6 6 6 6 6 6 6 6	-/ <u></u>			
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