

PI2000014269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

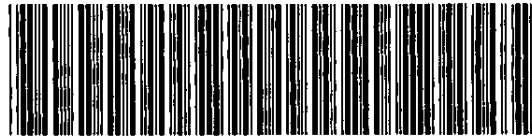
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600227859476

04/16/12--01029--021 **25.00

05/30/12--01008--010 **10.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 29 AM 8:59

Amend
+
N/C

MAY 30 2012

T. BROWN



250 N. Westlake Blvd. | Suite 240 | Westlake Village, CA 91362

April 11, 2012

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

RE: REACH Orthopaedics PA

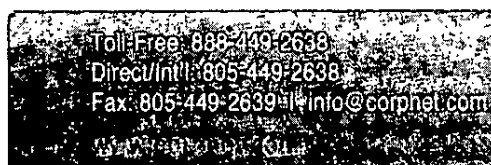
To whom it may concern:

The Enclosed Articles of Amendment and Fee(s) are submitted for filing.
Also, please find enclosed a check for state filing fees in the amount of **\$25.00**
made payable to the FL Dept of State. For information to this filing at the
undersigned.

Thank you in advance and please return all correspondence in regards to this filing
using the pre addresses stamped envelope included.

Sincerely,

Amanda J. Beren, Document Processor
CorpNet™, Incorporated
888-449-2638 Ext. 105
aberen@corpnet.com





FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2012

AMANDA J BEREN
CORPNET, INCORPORATES
250 N WESTLAKE BLVD STE 240
WESTLAKE VILLAGE, CA 91362

SUBJECT: REACH ORTHOPAEDICS PA
Ref. Number: P12000014269

We have received your document for REACH ORTHOPAEDICS PA and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

We are enclosing the proper form(s) with instructions for your convenience.

Please check only one box on the amendment form regarding the adoption of the amendment.

The fee to file your document is \$35.

There is a balance due of \$10.00.

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 312A00012360



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2012

AMANDA J BEREN
CORPNET, INCORPORATES
250 N WESTLAKE BLVD STE 240
WESTLAKE VILLAGE, CA 91362

SUBJECT: REACH ORTHOPAEDICS PA
Ref. Number: P12000014269

We have received your document for REACH ORTHOPAEDICS PA and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please check only one box on the amendment regarding the adoption of the amendment.

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 212A00014652

Articles of Amendment
to
Articles of Incorporation
of

Reach Orthopaedics PA

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

P12000014269

(Document Number of Corporation (if known))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 29 AM 8:59

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:

Craig Newland MD, PA

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**)

8250 Bryan Dairy Rd.

Suite 300

Largo, FL 33777

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

8250 Bryan Dairy Rd.

Suite 300

Largo, FL 33777

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:

Craig Newland

8250 Bryan Dairy Rd., Suite 300

New Registered Office Address:

(Florida street address)

Largo

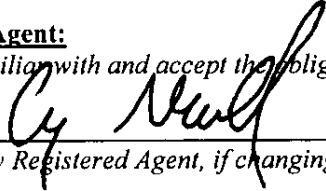
(City)

, Florida 33777

(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

The date of each amendment(s) adoption: 04/05/2012
(date of adoption is required)

Effective date if applicable: _____
(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

04/10/2012

Signature

Cy Newland
(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)

Craig C. Newland

(Typed or printed name of person signing)

Director

(Title of person signing)