P12000036571

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: THMIH, Inc. DOCUMENT NUMBER: P12000036571 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Gary R. Hardey Name of Contact Person Brevard Eye Center, Inc. Firm/ Company 665 Apollo Blvd. Address Melbourne, FL 32901 City/ State and Zip Code ghardey@brevardeye.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (321 984-3200 Area Code & Daytime Telephone Number Gary Hardey Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations**

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

THMIH, Inc.				
	currently filed with the Flo	rida Dept. of State)		
P12000036571				
(Documen	nt Number of Corporation (if I	known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation ad	opts the following	; amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
				The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corpora	rated" or the ab tion name must c	ontain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		same		3
				+ %
				
				2
C. Enter new mailing address, if appli	cable:	same		THE MED OF
(Mailing address MAY BE A POST (OFFICE BOX)		<u></u>	
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the nam	e of the	
Name of New Registered Agent				
	(Florida stree	t addrage)		
	665 Apollo Blvd.,	•	32901	
New Registered Office Address:	(City)	Florida_	(Zip Code)	
	(9)		(-4)	
New Registered Agent's Signature, if cl	hanging Registered Agent:	di and accorded to the ele		
I hereby accept the appointment as regist	erea ageni i am jamiliar wi	ın ana accepi ine obligations	oj ine position.	
C:	ounting of Nov Degistered As	neut if changing		
Sig	gnature of New Registered Ag	eni, ij changing		

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)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>John</u>	n <u>Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
I) Change	PSD	Rafael Trespalacios, M.D.	665 Apollo Blvd.
Add			Melbourne, FL 32901
Remove			
2) Change	vtceo	Gary R. Hardey	665 Apollo Blvd.
Add			Melbourne, FL 32901
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
N/A				
				
<u> </u>				
· · · · · · · · · · · · · · · · · · ·				
F. If an amendment provides for an exchange, reclassification, or cancellation of issu	ed shares.			
provisions for implementing the amendment if not contained in the amendment it	self:			
(if not applicable, indicate N/A) N/A				
	. <u></u>			
	-			

The date of each amendment(s) adoption: September 30, 2013	_, if other than the	
date this document was signed.		
Effective date if applicable: Upon filing		
(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 September 30, 2013		
Signature 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)		
Rafael Trespalacios, M.D.		
(Typed or printed name of person signing)		
President		
(Title of person signing)		