## P12000059368

(Re	questor's Name)	
. (Ad	dress)	•
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	f)
PICK-UP	. WAIT	MAIL
(Bu	isiness Entity Name	3)
(Do	ocument Number)	
	<b>/</b>	
Certified Copies	_ Certificates o	of Status
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300242953103

12/26/12--01037--025 \*\*43.75

EFFECTIVE DATE

SECRETARY OF STATE DIVISION OF CORPORATE

Amend

JAN - 2 2013

T. BROWN

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	ATION: Alliant Deri	matology PA	
NAME OF CORPOR	ER: P1200005936	R	
DOCUMENT NUMB	ER: 1 1200000000	<del></del>	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
	David Casper		
_		Name of Contact Person	
2	Alliant Dermatolo	gy PA	
		Firm/ Company	
į	8620A E County	Road 466	
_		Address	
	The Villages, FL	32162	
_		City/ State and Zip Code	
allia	ntdermatology@	amail.com	
		sed for future annual report	notification)
		,	
For further information	concerning this matter, pleas	se call:	
David Casper		at (352	、399-7295
	f Contact Person		de & Daytime Telephone Number
, tunio o	. Contact i cison	Area Cov	de de Daytime Telephone Nambei
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)
	ing Address		Address
Amendment Section			ment Section
	ion of Corporations Box 6327		n of Corporations Building
Tallahassee, FL 32314			xecutive Center Circle
		Tallaha	ssee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation** of



## Alliant Dermatology PA

P12000059368			EFFECTIVE D
(Documer	nt Number of Corporation (i	`known)	1-1-13
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this a	Florida Profit Corporation adopts the follow	ving amendment(s)
A. If amending name, enter the new na	ame of the corporation:		
			The new
	nation "Corp," "Inc," or "	n," "company," or "incorporated" or the Co". A professional corporation name mu P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		8620A E County Road 46	66
		The Villages, FL 32162	<del></del>
			<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8620A E County Road 46	66
		The Villages, FL 32162	_ _
). If amending the registered agent an			
new registered agent and/or the new registered office  Name of New Registered Agent  Steven Ca		•	
Name of New Negistered Agem	8620A E County	/ Road 466	
	(Florida str	•	
New Registered Office Address:	The Villages	, Florida 32162	
	(City)	(Zip Code)	<del></del>

Signature of New Registered Agent, if 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>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>M</u>	1ike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>∧ddres</u> s
1) X Change	Р	David Casper	8620A E County Road 466
Add			The Villages, FL 32162
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			- 111 124 111 111 111 111 111 111 111 111
Remove			

Attach additional sheets, if necessary).	(Be specific)		
			<u>.</u>
			<u> </u>
	<del></del>		
<del></del>			
f an amendment provides for an exch	ange, reclassification, or canc	ellation of issued sha <u>re</u>	s,
		amendment itself:	
provisions for implementing the ame	ndment if not contained in the		
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the		
provisions for implementing the ame	ndment if not contained in the		
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provisions for implementing the ame	ndment if not contained in the		
provisions for implementing the ame	ndment if not contained in the		

The date of each amendment(s) adopt	tion: 12/21/12
Effective date if applicable: 01/0	1/2013 ້
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were adopted by the shareholders was/were sufficient	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.
	ed by the shareholders through voting groups. The following statement th 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 action was not required.	d by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder
Dated 12/21/20	12
Signature(By a direc	tor, president or other officer - if directors of officers have not been
selected, by	y an incorporator – if in the hands of a receiver, trustee, or other court
appointed i	fiduciary by that fiduciary)
D	avid Casper
	(Typed or printed name of person signing)
Pi	resident
	(Title of person signing)