

P130000 57670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

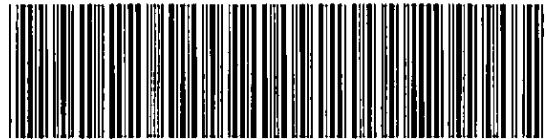
(Document Number)

Certified Copies _____ Certificates of Status _____

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04/10/20 - 01007 -- 005 * 35.00

MAILED
04/10/20
10:00 AM
FBI - MEMPHIS

2020 MAY - 1 PM 12:03

FILED

MAY 01 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2020

JAMIE MOORE MARCARIO, ESQ
THRIVE LAW, P.A.
2260 5TH AVENUE SOUTH STE 1
ST PETERSBURG, FL 33712

SUBJECT: OHMEDICA INC.
Ref. Number: P13000057670

We have received your document for OHMEDICA 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):

When changing the name of a corporation filed pursuant to chapter 607, Florida Statutes, to that of a professional service corporation filed pursuant to chapter 621, Florida Statutes, the specific business purpose must also be added or changed to indicate what type of professional service the corporation will be rendering.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 820A00008378

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: OHMEDICA INC.

DOCUMENT NUMBER: P13000057670

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

Please return all correspondence concerning this matter to the following:

Jamie Moore Marcario, Esq.

Name of Contact Person

Thrive Law, P.A.

Firm/ Company

2260 5th Avenue South, Suite 1

Address

St. Petersburg, FL 33712

City/ State and Zip Code

jamie@thrivelaw.com

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

For further information concerning this matter, please call:

jamie@thrivelaw.com

Name of Contact Person

at (727)

300-1990

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

OHMEDICA INC.

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

PL3000057670

(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:

OHMEDICA, 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)

400 4th Avenue South, Unit 1110

St. Petersburg, FL 33701

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

400 4th Avenue South, Unit 1110

St. Petersburg, FL 33701

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

Thrive Law, P.A.

2260 5th Avenue South, Suite 1

(Florida street address)

New Registered Office Address:

St. Petersburg

Florida 33712

(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.

DocuSigned by:

Jamie Marcario

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

FILED
2020 MAY -1 PM 12:03
CLERK OF DISTRICT COURT
ST. PETERSBURG, FL 33701

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	T	Miguel Attias, MD	400 4th Avenue South, Unit 1110
<input checked="" type="checkbox"/> Add			St. Petersburg, FL 33701
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	S	Miguel Attias, MD	400 4th Avenue South, Unit 1110
<input checked="" type="checkbox"/> Add			St. Petersburg, FL 33701
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary) (Be specific)

PA is Medical Practice

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)

04/07/2020

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

04/07/2020

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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):*

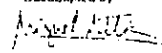
"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____,"
(voting group)

04/07/2020

Dated _____

Signature

DocuSigned by


(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)

Miguel Attias, MD

(Typed or printed name of person signing)

President

(Title of person signing)