## P15000094661

| (Re                     | equestor's Name)   |                 |  |
|-------------------------|--------------------|-----------------|--|
| (Ad                     | ldress)            |                 |  |
| (Ad                     | dress)             |                 |  |
| (Cit                    | ty/State/Zip/Phone | <del>;</del> #) |  |
| PICK-UP                 | ☐ WAIT             | MAIL            |  |
| (Bu                     | siness Entity Nam  | ne)             |  |
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| Special Instructions to | Filing Officer:    |                 |  |
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DIVISION OF CORFERMINE

MAR 3 2016

**C LEWIS** 

## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR                         | ATION: Advent Orthopedic   | es and Neurosurgery PA   |   |  |
|--|--|--|---|--|
| DOCUMENT NUMB                          |  |  | •   |  |
| The enclosed Articles                  | of Amendment and fee are su  | bmitted for filing.  |   |  |
| Please return all corres               | pondence concerning this ma  | tter to the following:   |   |  |
|  | William Taylor   |  |   |  |
| -                                      |  | Name of Contact Person   |   |  |
|  | Advent Orthopedics and Neu   | rosurgery PA   |   |  |
|  |  | Firm/ Company  |   |  |
|  | 4820 PARK BOULEVARD  |  |   |  |
| -                                      | Address  |  |   |  |
|  | PINELLAS PARK, FL 33781  |  |   |  |
| •                                      |  | City/ State and Zip Code   |   |  |
| btaylo                                 | or@adventcrc.com   |  |   |  |
|  | - T  | sed for future annual report i                                     | notification)   |  |
| For further information William Taylor | concerning this matter, pleas  |  | 209-6581  |  |
|  | of Contact Person  | at (727  | _)<br>le & Daytime Telephone Number   |  |
|  | the following amount made  |  | ,   |  |
| □ \$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) |  |
| Ame<br>Divi<br>P.O.                    | ndinent Section<br>sion of Corporations<br>Box 6327<br>shassee, FL 32314 | Amendi<br>Division<br>Clifton<br>2661 E:                           | Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301 |  |

Advent Orthopedics and Neurosurgery PA 4820 Park Blvd.
Pinellas Park, FL 33781

February 26, 2016

Florida Department of State – Division of Corporations Amendment Division P.O. Box 6327 Tallahassee, FL 32314

Dear Sirs:

Once the name change is completed to "Advent Orthopedics and Neurosurgery PA" we would no longer need the fictitious name, "Advent Orthopedics." The registration number is G15000085933. It was filed on 8/19/2015.

How do we remove this name? It does not expire until 12/31/2015. Or, does it really matter as long as the owner information is changed from Dale G. Bramlet, M.D., P.A. to Advent Orthopedics and Neurosurgery PA?

Sincerely,

William Taylor

COO/CFO

e-mail: btaylor@adventcrc.com

Telephone: 727-209-6581

## Articles of Amendment to Articles of Incorporation of



16 MAR - 1 AM 8: 34

| (Name o  | of Corporation as curren    | ntly filed with the Florida Dept. of State)   |  |
|--|-----------------------------|---|--|
| DALE G. BRAMLET, M.D., P.A.  |                             | P150000946661   |  |
|  | (Document Number            | of Corporation (if known)   |  |
| Pursuant to the provisions of section 607. its Articles of Incorporation:  | 1006, Florida Statutes, thi | is Florida Profit Corporation adopts the following amendment(s)   |  |
| A. If amending name, enter the new na  | ame of the corporation:     |   |  |
| Advent Orthopedics and Neurosurgery P  | A                           | The new   |  |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | ation "Corp," "Inc," or     | ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the |  |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)            |                             | 4820 PARK BOULEVARD   |  |
|  |                             | PINELLAS PARK, FL 33781   |  |
|  |                             |   |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                              |                             | 4820 PARK BOULEVARD   |  |
|  |                             | PINELLAS PARK, FL 33781   |  |
| D. If amending the registered agent an new registered agent and/or the new   |                             |   |  |
| Name of New Registered Agent   | 4820 PARK BOULEVA           | ARD   |  |
|  | <del></del>                 | street address)   |  |
| New Registered Office Address:   | PINELLAS PARK               | , Florida 33781   |  |
|  |                             | (City) (Zip Code)   |  |
|  |                             |   |  |
| New Registered Agent's Signature, if c I hereby accept the appointment as regist                                     |                             | nt:<br>r with and accept the obligations of the position.   |  |
|  | William &                   | ander   |  |
|  | Signature of New            | Registered Agent, if changing   |  |

If amending the Officer's 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:<br>X_Change       | <u>PT</u>    | John Doe            |                     |
|----------------------------|--------------|---------------------|---------------------|
| X Remove                   | <u>v</u>     | Mike Jones          |                     |
| X Add                      | <u>sv</u>    | Sally Smith         |                     |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u>         | <u>Addres</u> s     |
| 1) Change                  | P            | Dale G, Bramlet     | 4820 PARK BOULEVARD |
| Add X Remove               |              |                     |                     |
| 2) Change                  | CFO          | William Taylor      | 4820 PARK BOULEVARD |
| X Add                      |              |                     | <del></del>         |
| Remove 3)Change            | P            | Kathleen A. Bramlet | 4820 PARK BOULEVARD |
| Remove                     |              |                     |                     |
| 4) Change                  |              |                     |                     |
| Remove                     |              |                     | <del></del>         |
| 5) Change Add              |              |                     |                     |
| Remove                     |              |                     |                     |
| 6) Change                  |              |                     |                     |
| Add                        |              |                     |                     |
| Remove                     |              |                     |                     |

| •  |  |                                       |     |
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|  |  |                                       |     |
| If an amendment provides for an exchange, reclassification provisions for implementing the amendment if not continuous (if not applicable, indicate N/A) | cation, or cancellation ontained in the amen | on of issued shares,<br>dment itself: |     |
|  |  |                                       | at. |
|  |  |                                       |     |
|  |  |                                       |     |
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|  |  |                                       |     |
|  |  |                                       |     |

| The date of each amendment(s) adoption:   | , if other than the                   |
|---|---------------------------------------|
| Effective date <u>if applicable</u> :  (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 wi document's effective date on the Department of State's records.                               | ll not be listed as the               |
| Adoption of Amendment(s) ( <u>CHECK ONE</u> )   |                                       |
| 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   | 16 1<br>16 1                          |
| by"  (voting group)   | VISION THE                            |
| (voting group)  | 1 Sam                                 |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.   | <b>A</b> 90 64                        |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  | 34                                    |
| February 26, 2015 Dated   |                                       |
| Signature William Fuylur  |                                       |
| (By a director, president exother 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) |                                       |
| William Taylor  |                                       |
| (Typed or printed name of person signing)   | · · · · · · · · · · · · · · · · · · · |
| COO/CFO   |                                       |
| (Title of person signing)   |                                       |