

P21 0000 19977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

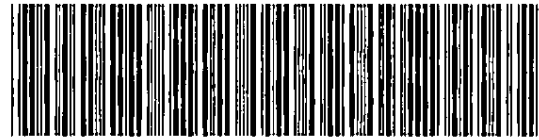
(Business Entity Name)

(Document Number)

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C. BRUMBLEY

JAN 21 2022

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Bassi Mental Health Corp.

DOCUMENT NUMBER: P21000019977

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

Please return all correspondence concerning this matter to the following:

Bruce Bassi  
Name of Contact Person  
Bassi Mental Health Corp.  
Firm/ Company  
1820 STATE ROAD 13 STE 11-926  
Address  
Saint Johns, FL 32259-8856  
City, State and Zip Code  
bassi@telepsychhealth.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

bassi@telepsychhealth.com at ( 888 ) 730-5220  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |                                          |                                                                        |                                                                                                     |                                                                                                                                         |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>(Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

Bassi Mental Health Corp.

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

P21000019977

(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:

Bassi Mental Health 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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

(Florida street address)

New Registered Office Address

Florida

(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.

Signature of New Registered Agent, if changing

Check if applicable

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

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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<br>(Check One)                 | Title | Name        | Address                    |
|-----------------------------------------------|-------|-------------|----------------------------|
| 1) <input checked="" type="checkbox"/> Change | P     | Bruce Bassi | 1820 STATE ROAD 13         |
| <input type="checkbox"/> Add                  |       |             | STE 11 926                 |
| <input type="checkbox"/> Remove               |       |             | SAINT JOHNS, FL 32259 8856 |
| 2) <input type="checkbox"/> Change            |       |             |                            |
| <input type="checkbox"/> Add                  |       |             |                            |
| <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)

mental health 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)

n/a

The date of each amendment(s) adoption: 10/22/2021, if other than the date this document was signed.

Effective date if applicable: 10/22/2021  
*(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)*

Dated 10/22/2021

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)

Bruce Bassi

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)