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TALLAHASSEE FLOAID

Amend

APR 1 8 2012 T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TION: Corinne B	. Rosner, I	P.A.		
DOCUMENT NUMBER	.: P920000	01120		•	
The enclosed Articles of A	Imendment and fee are su	bmitted for filing.			
Please return all correspon	dence concerning this ma	tter to the following	ng:		
		Corinne B	. Rosn	er	
<u></u>		Name of Conta	act Person		
and the second		Corinne B	. Rosn	er. P.A.	
		Firm/ Con			_
Ur	niversity Office Par	k, 5400 Sou	ith Unive	ersity Drive, Suite 1	16
		Addre			_
	Dav	∕ie, Florida	33328	•	
•		City/ State and			
		in a College and al		tionalaur aan	
	E-mail address: (to be us			tionslaw.com	
	E-man address. (to be us	sed for future affile	iai report iii	nineacion)	
For further information co	ncerning this matter, pleas	se call:	•		
Corinne	B. Rosner		954	577-7700	
	ontact Person	at (954	& Daytime Telephone Nur	mber
	omact i cison		Area couc	& Daytime Telephone Ival	.11001
Enclosed is a check for the	e following amount made	payable to the Flor	rida Depart	ment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional co	у	□\$52.50 Filing Fee Certificate of Status Certified Copy	
		enclosed)		(Additional Copy	
•				is enclosed)	
	Address		Street A		
+	nent Section		•	ent Section	
Division P.O. Bo	of Corporations	Division of Corporations Clifton Building			
	see, FL 32314			cutive Center Circle	
i dilalias	300, I L J2J17			ee, FL 32301	

Articles of Amendment to Articles of Incorporation of

Corinne B. Rosner, P.A.

FILED 12 APR 16 PH 1:31

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

P92000001120

SEGRETARY OF STATE TALLAHASSEE FLORIDA

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.10	06, Florida Statutes	, this <i>Florida Profit</i>	Corporation adopts the following	amendment(s) to
its Articles of Incorporation:				

nter new principal office address,	,	"P.A."		
	if applicable:	University Office Park,		
ipal office address <u>MUST BE A STREET ADDRESS</u>)		5400 South University Drive, Suite 116		
	•	Davie, Florida 33328		
nter new mailing address, if appl		University Office Park		
<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	5400 South University Drive, Suite 116		
		Davie, Florida 33328		
amending the registered agent ar	nd/or registered office ad	dress in Florida, enter the name of the		
		dress in Florida, enter the name of the ss:		
w registered agent and/or the ne	w registered office addre Same			
ew registered agent and/or the ne	w registered office addre	niversity Drive, Suite 116, Davie, Florida 33328		

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>	John Doe			
X Remove	Y	Mike Jones			
_X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s	
1) × Change Add	<u>P</u>	Same	<u> </u>	University Office Park, 5400 South University Drive, Suite 116	_
Remove				Davie, Florida 33328	_
2) Change Add Remove					_
3) Change Add Remove					_
4) Change Add Remove	. , . ,		· .		
5) Change Add Remove	-				
6) Change Add Remove					

E. If amending or adding additional (attach additional sheets, if necessar	<u>Articles, enter chai</u> ry). (Be specific)	nge(s) here:		•
None				
		,		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
F. If an amendment provides for an oppositions for implementing the solution (if not applicable, indicate N/A)	amendment if not c	cation, or cancella ontained in the am	tion of issued shar endment itself:	es,
None				
				•

The date of each amendment(s) adoption: 4-12-12
Effective date if applicable: Immediate
(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
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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
President Registered Agent
(Title of person signing)