P94000000122

| · (Re | equestor's Name) | | | | |
|--------------------------|-------------------|-----------|--|--|--|
| (Address) | | | | | |
| (Ac | ldress) | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | siness Entity Nan | ne) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to | Filing Officer: | <u>_</u> | | | |
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Office Use Only



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Kirgh

COVER LETTER

•TO: Amendment Section
Division of Corporations

| NAME OF CORPO | RATION: Linda (| Cox M.D. PA | |
|--|--|---|---|
| DOCUMENT NUM | BER: <u>P920000021</u> | 22 | |
| The enclosed Articles | of Amendment and fee a | re submitted for filing. | |
| Please return all corre | spondence concerning thi | s matter to the following: | |
| Rob | ert L. Wolfgram (Name o | Jr. f Contact Person) | |
| Lin | da Cox M.D. PA (Fin | ر m/ Company) ن | |
| 533 | 3 North Dixie Hwy | y Suite 210 (Address) | ···· |
| Ft. | Lauderdale, Fl 3 | 3 3 3 3 4 ate and Zip Code) | |
| For further information | on concerning this matter, | please call: | |
| | Wolfgram Contact Person) | at (<u>954</u>) <u>771 – 0</u> (Area Code & Daytime | |
| Enclosed is a check for | or the following amount: | | |
| ☑ \$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 Addi Amendment S Division of Co P.O. Box 6327 Tallahassee, F | ection orporations | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301 | rcle |

Articles of Amendment Articles of Incorporation of

| · |
|--|
| Articles of Amendment |
| to Articles of Incorporation |
| of Process of Incorporation |
| |
| Linda Cox M.D. PA |
| Articles of Incorporation of Linda Cox M.D. P.A. (Name of corporation as currently filed with the Florida Dept. of State) 092000002122 |
| 092000002122 |
| (Document number of corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: NEW CORPORATE NAME (if changing): |
| (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") |
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) |
| |
| Robert L. Wolfgram Jr. is Treasure and Officer for |
| Linda Cox M.D. PA as of May 25,2006. |
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| (Attach additional pages if necessary) |
| If an amendment provides for 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) |
| |
| |
| |

(continued)

| The date of each amendment(s) a | doption: _ | May | 25, | 2006 | | |
|---|---------------|-------------|----------|-------------------|---|-----|
| Effective date if applicable: | 4 00 | \ | | dment file date) | - | |
| (по | more man 90 | oays art | er amer | diment file date) | | |
| Adoption of Amendment(s) | (CHEC | K ONE |) . | | | |
| The amendment(s) was/ the amendment(s) by the | | | | | | for |
| The amendment(s) was following statement must separately on the amend | st be separa | | | | - | |
| "The number of vote | es cast for t | the ame | ndmen | it(s) was/were | sufficient for approval | by |
| | (voting grou | ıp) | | | | |
| The amendment(s) was/ and shareholder action v | | | he boa | rd of directors | without shareholder ac | tio |
| The amendment(s) was/ | | | he inco | prporators with | out shareholder action | and |
| Signature | ., | | | | | |
| selected, b | | ator - if i | n the ha | | fficers have not been r, trustee, or other court | |
| Li | nda Cox | M.D. | . PA | | | |
| | (Typed | or printe | d name | of person signin | g) | |
| | 1 | da | <u> </u> | | | |
| | V • | 〜(Title | of pers | on signing) | | |

FILING FEE: \$35