

P93000084967

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FILED
04 JUN 22 PM 4:30
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Amendment of name of Corporation

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Sue Ann Rogers

(Name of Person)

Advanced Medical Practices, Inc.

(Name of Firm/ Company)

2170 West SR 434 Suite 190

(Address)

Longwood, FL 32779

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Sue Ann Rogers

(Name of Person)

at (407)

682-5222

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FILED
04 JUN 22 PM 4:30
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 1, 2004

SUE ANN ROGERS
ADVANCED MEDICAL PRACTICES, INC.
2170 WEST SR 434 - SUITE 190
LONGWOOD, FL 32779

SUBJECT: ADVANCE MEDICAL PRACTICES, INC.
Ref. Number: P93000084967

We have received your document for ADVANCE MEDICAL PRACTICES, INC. and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

In order to file your document, the subject entity must first be reinstated.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 004A00021412

Articles of Amendment
to
Articles of Incorporation
of

Advance Medical Practices, Inc.

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

(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:

NEW CORPORATE NAME (if changing):

Advanced Medical Practices, Inc.

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

(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)

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TALLAHASSEE, FLORIDA
STATE

The date of each amendment(s) adoption: February 20, 2003

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

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were approved 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.

Signed this 3/1/04 day of March 1ST, 2004.

Signature

Sue Ann Rogers
(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)

Sue Ann Rogers

(Typed or printed name of person signing)

Vice President

(Title of person signing)

FILING FEE: \$35