

P94000088430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

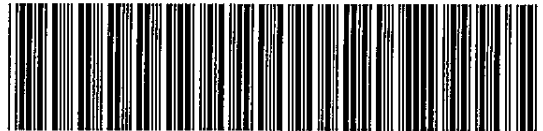
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



500041252205

name change

09/30/04--01002--005 **35.00

Amend

09/30/04--01002--006 **8.75

RECEIVED
04 SEP 29 PM 4:03
FILED
04 SEP 29 PM 4:35
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

*APR
9/30/04*

CT CORPORATION

September 29, 2004

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 6201247 SO
Customer Reference 1: 75868.001
Customer Reference 2: none

Dear Secretary of State, Florida:

Please file the attached:

Cynthia A. Rait, D.C., P.A. (FL)
New Name: Rait Health Center, P.A.
Amendment (Change of Name)
Florida

~~Cynthia A. Rait, D.C., P.A. (FL)~~
~~New Name: Rait Health Center, P.A.~~
~~Assumed Name - Filing - Cynthia A. Rait, D.C.~~
~~Florida~~

~~Cynthia A. Rait, D.C., P.A. (FL)~~
~~New Name: Rait Health Center, P.A.~~
~~Obtain Document - Misc - certified copy of articles of amendment~~
~~Florida~~

Cynthia A. Rait, D.C., P.A. (FL)
New Name: Rait Health Center, P.A.
Obtain Document - Misc - certified copy of articles of amendment
Florida

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

A CCH LEGAL INFORMATION SERVICES COMPANY

File
First
Please

CT CORPORATION

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@cch-lis.com

Articles of Amendment
to
Articles of Incorporation
of

CYNTHIA A. RAIT, D.C., P.A.

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

FILED
04 SEP 29 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P94000088430

(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):

RAIT HEALTH CENTER, P.A.

(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)**

N/A

(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)

N/A

(continued)

The date of each amendment(s) adoption: September 7, 2004

Effective date if applicable: upon filing
(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 7th day of September, 2004

Signature Cynthia A. Rait
(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)

CYNTHIA A. RAIT
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: \$35