

P95000027026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

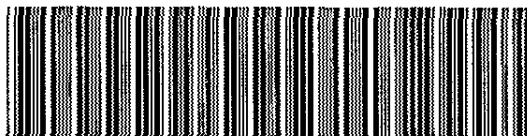
Certified Copies

☒

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



600081002366

10/23/06--01043--023 \*\*43.75

NC

FILED  
06 NOV -6 AM 10:41  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts NOV 07 2006

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Janice Robinson-Davis PA  
(Name of Corporation)

**DOCUMENT NUMBER:** P95000027026

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janice Robinson

(Name of Contact Person)

Janice Robinson-Davis PA

(Firm/Company)

P O Box 364

(Address)

Lehigh Acres, FL 33970

(City/State and Zip Code)

For further information concerning this matter, please call:

Janice Robinson

(Name of Contact Person)

at ( 239 ) 368-8326

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☒ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status &  
Certified Copy

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 25, 2006

JANICE ROBINSON  
JANICE ROBINSON-DAVIS PA  
P O BOX 364  
LEHIGH ACRES, FL 33970

SUBJECT: JANICE ROBINSON-DAVIS, P.A.  
Ref. Number: P95000027026

Articles of Correction must be filed within 30 days of the date that the original document was filed.

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Document Specialist

Letter Number: 306A00063349

RECEIVED  
06 NOV -6 AM 8:00  
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Janice Robinson-Davis, P.A.

DOCUMENT NUMBER: P95000027026

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

Please return all correspondence concerning this matter to the following:

Janice Robinson

(Name of Contact Person)

Janice Robinson-Davis, P.A.

(Firm/ Company)

P O Box 364

(Address)

Lehigh Acres, FL 33970

(City/ State and Zip Code)

For further information concerning this matter, please call:

Janice Robinson

(Name of Contact Person)

at ( 239 ) 368-8326

(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

Janice Robinson-Davis, P.A.

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

FILED  
06 NOV -6 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P95000027028

(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):**

Janice Robinson, P.A.

(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)**

---

---

---

---

---

---

---

---

---

---

(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) adoption: 11/03/06

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.

Signature

Janice Robinson  
(By 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)

Janice Robinson

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35