

P96000081721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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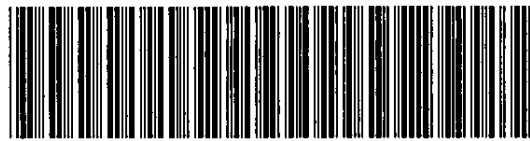
(Business Entity Name)

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DIVISION OF CORPORATIONS
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C.L.
12-9-14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2014

K. LEANN KUEBELBECK, DVM
BRANDON EQUINE MEDICAL CENTER, INC.
605 E. BLOOMINGDALE AVE
BRANDON, FL 33511 US

SUBJECT: THE SURGI-CARE CENTER FOR HORSES, INC.
Ref. Number: P96000081721

We have received your document for THE SURGI-CARE CENTER FOR HORSES, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$43.75. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 314A00024622

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Surgi-Care Center For Horses, Inc.

DOCUMENT NUMBER: P96000081721

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

Please return all correspondence concerning this matter to the following:

K. Leann Kuebelbeck, DVM

Name of Contact Person

Brandon Equine Medical Center, Inc.

Firm/ Company

605 E. Bloomingdale Avenue

Address

Brandon, FL 33511

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul C. Jensen, Esq.

Name of Contact Person

at (727)

825-0099

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$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

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DIVISION OF CORPORATIONS
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The Surgi-Care Center For Horses, Inc.

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

P96000081721

(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:

A. If amending name, enter the new name of the corporation:

Brandon Equine Medical Center, Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

605 E. Bloomingdale Ave
Brandon, FL 33511

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

605 E. Bloomingdale Ave
Brandon, FL 33511

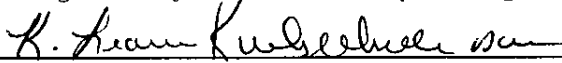
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent K. Leann Kuebelbeck, DVM
605 E. Bloomingdale Ave
(Florida street address)

New Registered Office Address: Brandon, Florida 33511
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

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.

Example:

<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
-----------------	----------	-------------------

Type of Action
(Check One)

Name

Address

D

Richard Kane

511 East Bloomingdale Ave
Brandon, FL 33511

☐ Add

☒ Remove

D

K. Leann Kuebelbeck, DVM

605 E. Bloomingdale Ave
Brandon, FL 33511

☒ Add

☐ Remove

D

Natalie Kane

511 E. Bloomingdale Ave
Brandon, FL 33511

☐ Add

☒ Remove

☐ Add

☐ Remove

☐ Add

 Remove

 Add

☐ Remove

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

Article IX

The names and addresses of the subscribers to the Articles of Incorporation and a statement of the number of shares of such stock which each agrees to take are as follows:

Name:	Address:	Shares:
K. Leann Kuebelbeck, DVM	605 E. Bloomingdale Ave Brandon, FL 33511	100

F. If an amendment provides for an 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)

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DIVISION OF CORPORATIONS

The date of each amendment(s) adoption: _____
date this document was signed.

14 DEC -1 PM 3:41

Effective date if applicable: _____

(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 11-4-14

Signature

K. Leann Kuebelbeck
(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)

K. Leann Kuebelbeck, DVM

(Typed or printed name of person signing)

Director and Shareholder

(Title of person signing)