

P97000108987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

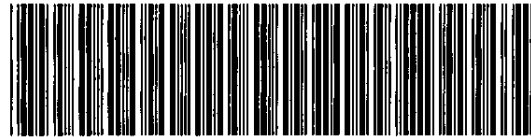
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800264904768

10/03/14--01012--026 **35.00

14 OCT -3 PM 2:39
DIVISION OF CORPORATIONS
STATE OF ALABAMA

C. Lewis
10-13-14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Lakeside Family Medicine PA

DOCUMENT NUMBER: P970001018987

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

Please return all correspondence concerning this matter to the following:

Sandy Chang

Name of Contact Person

Firm/ Company

18550 US Hwy 441

Address

Mount Dora, FL 32757

City/ State and Zip Code

Sandylvim@gmail.com

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

For further information concerning this matter, please call:

Sandy Chang

Name of Contact Person

at (352) 735-3755

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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

14 OCT -3 PM 2:39

Lakeside Family Medicine PA

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

P97000108987

(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:

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**)

18550 US Hwy 441
Mount Dora, FL 32757

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

Same


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 Khai Chang
18550 US Hwy 441
(Florida street address)

New Registered Office Address: Mount Dora, Florida 32757
(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

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

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.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	P	Khai Chang	2295 Weathered Wood
<input checked="" type="checkbox"/> Add			Leesburg, FL 34748
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	T	Ma Thuzar Aung	2207 Aitkin Loop
<input checked="" type="checkbox"/> Add			Leesburg, FL 34748
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	S	Shahbaz Cheema	1004 Pemble Rd
<input checked="" type="checkbox"/> Add			Leesburg, FL 34748
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	D	Waheeduz Zaman	2202 Old Tavares Rd
<input checked="" type="checkbox"/> Add			Leesburg, FL 34748
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	D	Birendra Bhattarai	31845 Sun Park Circle
<input checked="" type="checkbox"/> Add			Leesburg, FL 34748
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	D	Ajay Bisht	31849 Sun Park Circle
<input checked="" type="checkbox"/> Add			Leesburg, FL 34748
<input type="checkbox"/> Remove			

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Add SV Sally Smith

Address

4685 North Highway 19A

Mount Dora, FL 32757

☒ Remove[illegible]

Journal of Management Inquiry 22(1) 3-16
© The Author(s) 2013
Reprints and permissions: sagepub.com/journalsPermissions.nav
DOI: 10.1177/1056492613505111

© 2006 The Authors
Journal compilation © 2006 Blackwell Publishing Ltd

[illegible]

424 JOURNAL OF DOCUMENTATION

1. *Journal of the American Medical Association*, 2000; 284: 2689-2695.

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

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: September 18, 2014
date this document was signed.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 OCT -3 PM 2:39

Effective date if applicable: 9/18/14
(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 9/18/14

Signature Chang Khai Sheng
(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)

Khai Chang

(Typed or printed name of person signing)

President

(Title of person signing)