## P990000aasin

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2015 HAR 19 PH 4: 39
DILLINASSEE FLORIDA

10P2 3/19/15

## **COVER LETTER**

TO: Amendment Section Division of Corpo			
NAME OF CORPOR	ATION: Viera Sports	Medicine and Orth	opedic Center, Inc.
DOCUMENT NUMB	<sub>ER:</sub> <u>P9900002287</u>	7	
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	Michael Connolly		
•		Name of Contact Persor	1
	Viera Sports Med	licine and Ortho	pedic Center, Inc.
•		Firm/ Company	
	8725 N. Wickham	n Rd, Suite 301	
		Address	
	Melbourne, FL 32	2940	
		City/ State and Zip Cod	<b>e</b>
mik	e.connolly@healt	h-first.org	
	, _	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Jeffrey Greer	ispoon	at (321	917-7597 de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
<u>Mai</u>	ling Address	Street	Address

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

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

## Articles of Amendment **Articles of Incorporation**

FILED

Viera Sports Medicine and Orthopedic Center, Inc.

2015 HAR 19 PH 14: 39

(Name of Corporation as currently filed with the Florida Dept. of State) P99000022877 (Document Number of Corporation (if known)

royisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

Breenspoon Consulting, Inc.		
ame must be distinguishable and contain the word "corporati Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name mus	
Enter new principal office address, if applicable:	6865 S. Tropical Trail	
rincipal office address <u>MUST BE A STREET ADDRESS</u> )	Merritt Island, FL 32952	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6865 S. Tropical Trail	
(Maning address Mill BB 111 GB 1 G1 1 GB 2 G1)	Merritt Island, FL 32952	
	Merritt Island, FL 32952	
. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	dress in Florida, enter the name of the	
Name of New Registered Agent	dress in Florida, enter the name of the	
Name of New Registered Agent  (Florida s	dress in Florida, enter the name of the ss: street address) , Florida	
Name of New Registered Agent  (Florida s	dress in Florida, enter the name of the ss: street address) , Florida	

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	<u>PT</u>	John Doe	
X Remove	<u>v</u> .	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add Remove			
2) Change	<del></del>	<u> </u>	
Add Remove			
3) Change			
Remove			
4) Change		_	
Remove			
5) Change			
Remove			
6) Change			
Remove			

nacu uuumono	f amending or adding additional Articles, enter change(s) here:  Attach additional sheets, if necessary). (Be specific)					
	<u> </u>		<del></del>			
	<u></u>					<del>-</del>
					•	
		<u></u>	·			
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			<del></del>		<del></del>	
	<del></del>					<del></del>
				<del></del>		
an amendmer	nt provides for an	ı exchange, re	classification	. or cancellat	ion of issued s	hares
rovisions for	implementing the	amendment	if not contair	ed in the am	endment itself	inures,
(if not appl	licable, indicate N	/A)		<del></del>		

date this document was signed.		
Effective date if applicable:		_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adby the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
The amendment(s) was/were ap	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ad action was not required.	lopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adaction was not required.	lopted by the incorporators without shareholder action and shareholder	
Dated_ <b>March</b> Signature	3, 2015	
(By a	director, president or other officer - if directors or officers have not been	
selecte	ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	Jeffrey Greenspoon, MD	
	(Typed or printed name of person signing)	<b></b>
	President	
	·· (Title of person signing)	<del>_</del>