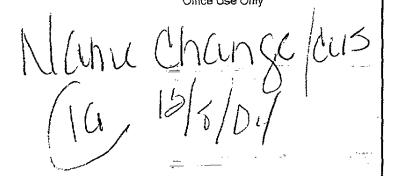
## 799000028936

(F	Requestor's Name)
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V	MMI Coop
(0	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(E	Occument Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
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EFFECTIVE DATE

## **COVER LETTER**

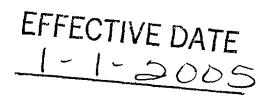
TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

TALLARIASSEE, TO SALED

			~
NAME OF CORPORATION: _	SHIRINE	E GHARD	DA-WARD M.
DOCUMENT NUMBER:	P9900	0028936	-
The enclosed Articles of Amendm	ent and fee are subm	nitted for filing.	
Please return all correspondence of	oncerning this matte	r to the following:	
SHIRI NE	(Name of Contac	DA - WAR tr Person)	2D MD
SHIRINE	GHARD (Firm/Comp	A-WARD	MDPA
1148 7	FRUIT CA	OVE ROA	D ,
JACK SC	ONVILLE, (City/State/ and Z	FL 32 Zip Code)	2259
For further information concerning	this matter, please of	call:	
Shirine Ghane (Name of Contact Person	da-Wardat	(904) 47 (Area Code & Daytin	2-8009 ne Telephone Number)
Enclosed is a check for the followi	ng amount:		
□ \$35 Filing Fee ■ \$43.75 Filin Certificate of	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 Corpora P.O. Box 6327		Street Address Amendment Secondinian of Corp 409 E. Gaines St	orations

Tallahassee, FL 32399



Articles of Amendment to Articles of Incorporation of

SHIRINE GHARDA-WARD, M.D. P.A.  (Name of corporation as currently filed with the Florida Dept. of State)
(Name of corporation as currently filed with the Florida Dept. of State)
P99000028936
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
MEDICAL ACUPUNCTURE AND FAMILY MEDIATION, 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)
7. °C
ELA PER T
2 - W
SST E
To F
DE STATE S
(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: 12/1/04
Effective date if applicable: 10105 (no more than 90 days after amendment file date)
(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 actio 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 day of _December 2004
Signature Shirine Gharda-Ward MD  (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)  Shirine Gharda-Ward
Shirine Ghanda-Wand (Typed or printed name of person signing)  President* (Title of person signing)
(Title of person signing)

FILING FEE: \$35