

P99000028936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

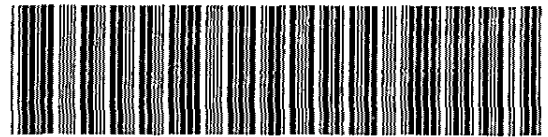
(Business Entity Name)

(Document Number)

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12/22/04--01005--012 **35.00

EFFECTIVE DATE
01/01/05

FILED
04 DEC 22 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amey
12/23/04

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Medical Acupuncture AND Family Mediation, P.A.

DOCUMENT NUMBER: P 99000028936

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

Please return all correspondence concerning this matter to the following:

Shirine Gharda-Ward MD

(Name of Contact Person)

Medical Acupuncture & Family Mediation, PA

(Firm/ Company)

1148 Fruit Cove Rd

(Address)

Jacksonville, FL 32259

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Shirine Gharda-Ward MD at (904) 472-8009
(Name of Contact Person) (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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

FILED DATE
01/01/05

Medical Acupuncture & Family Mediation, PA
(Name of corporation as currently filed with the Florida Dept. of State)

P 99000028936

(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):

(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)**

Business Address changed to:

490-106 STATE ROAD 13 North, Suite 311

JACKSONVILLE, FL 32259-3863

(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)

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04 DEC 22 PM 12:43
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TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 12/21/04

Effective date if applicable: 1/1/05
(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.

Signed this 21 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 MD

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35