

P99000056983

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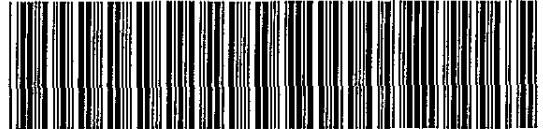
(Business Entity Name)

(Document Number)

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*Handwritten signature or initials.*

12/20/04--01038--010 \*\*42.75

*Amend.*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Multi-Therapy Associates, Inc.

DOCUMENT NUMBER: P99000056983

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

Please return all correspondence concerning this matter to the following:

Bernard M. Cassidy.

(Name of Contact Person)

Bernard M. Cassidy, P.A.

(Firm/ Company)

One East Broward Blvd, Suite 1410

(Address)

Fort Lauderdale, FL 33301

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Bernard M. Cassidy

(Name of Contact Person)

at ( 954 ) 764-6430

(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

DEC-15-2004 01:39

CASSIDY/ADAMS9543151727

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Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

04 DEC 20 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Multi-Therapy Associates, Inc.

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

P99000056983

(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)**

Article 5- Add Zareesh Mahmood as Registered Agent located at 1108 Kane Concourse, Suite 300B, Bay  
Harbour Isles, FL 33154

Article 9-Add Zareesh Mahmood as President/Shareholder/Director located at 1108 Kane Concourse,  
Bay Harbour Isles; Delete Michael Baum as Director/President

The principal place of business shall be Kane Concourse, Suite 300B, Bay Harbour Isles, FL 33154

(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)

N/A

(continued)

The date of each amendment(s) adoption: All-11/08/04

Effective date if applicable: 11/08/04

(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 20 day of November, 2004

X Signature

Zareesh Mahmood  
(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)

Zareesh Mahmood

(Typed or printed name of person signing)

President

(Title of person signing)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

X

Zareesh Mahmood  
(Signature of Registered Agent)

11/20/04  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)