

V08254

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS

FEB 13 2014

EXAMINER

FACSIMILE (407) 682-4010

CORPORATE OFFICES

320 W. SABAL PALM PLACE
SUITE 300

TELEPHONE (407) 830-1975

LONGWOOD, FLORIDA 32779

February 10, 2014

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

Re: Articles of Amendment to the
Article of Incorporation

Dear Madam or Sir:

Enclosed here within please find the an original and one (1) copy of each of the Articles of Amendment to the Articles of Organization for nine corporations, together with a check in the amount of \$35.00 to cover the filing fees for each corporation.

Please file the Articles of Amendments and return a certified copy to the undersigned in the enclosed envelope

Very truly yours,



Carolyn Van Sandt

Enclosures

APPROVED
AND
FILED

14 FEB 11 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT

TO

ARTICLES OF INCORPORATION

OF

ASSOCIATED FAMILY MEDICINE II, P.A.

Pursuant to the provisions of Chapter 607.1006, the undersigned Corporation hereby adopts the following Articles of Amendment to its Articles of Incorporation.

The document number of this Corporation is V08254.

1. The name of this corporation is hereby changed to **ASSOCIATED MEDICAL PRACTICE II, P.A.**

2. The Amendment was recommended by the Board of Directors to the Corporation's shareholders on January 1, 2014.

3. The Amendment was approved by the holders of a majority of the Corporation's common stock, which is the only group of the Corporation's shareholders entitled to vote on the Amendment, and the number of votes in favor of the Amendment was sufficient for approval.

I HEREBY CERTIFY that the above changes have been authorized by resolution duly adopted by the Board of Directors and the Shareholders of this corporation on the 1st day of January, 2014.

This Amendment is dated this 1st day of January, 2014.

ASSOCIATED FAMILY MEDICINE II, P.A.

By: _____

SUREE VYAS, VICE PRESIDENT

APPROVED
AND
FILED

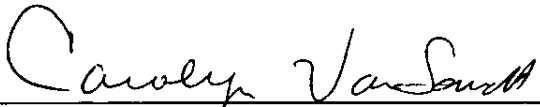
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF SEMINOLE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the aforesaid State and County, to take acknowledgments, personally appeared **SUREE VYAS, as Vice President of Associated Family Medicine II, P. A.**, to me known to be the person described in or who has produced a driver's license as identification and who executed the foregoing instrument and he acknowledged before me that he executed the same for the uses and purposes therein expressed on behalf of said Corporation.

WITNESS my hand and official seal in the County and State last aforesaid this 1st day of January, 2014



Carolyn Van Sandt

(Print Name)

Notary Public/State of _____
My Commission Expires:

