## H 93241

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## **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

			Palm Beach Institute of		
NAME OF CORPORATION: Cosmet	ic Surgery and	Longev	rity, P.A.		
DOCUMENT NUMBER: H93241					
The enclosed Articles of Amendment and	fee are submitted for fili	ng.			
Please return all correspondence concerning	ig this matter to the follo	wing:			
W. Glenn Dempse	ey, Esq.				
	Name of Contact Person				
W. Glenn Dempse	W. Glenn Dempsey, Attorney-at-Law, PLLC				
	Firm/ Company				
38 S. Sewall's Poi	38 S. Sewall's Point Road				
<del></del>	Address				
Stuart, FL 34996					
	City/ State and Zip Code				
Glenn@Dempsey	Glenn@DempseyLegal.com				
E-mail address	: (to be used for future ar	inual rep	ort notification)		
For further information concerning this ma	tter, please call:				
W. Glenn Dempsey	at (	561	346-1393		
Name of Contact Person	at \_	Area	Code & Daytime Telephone Number		
		artment of State;			
\$35 Filing Fee \$\Bigcup \\$43.75 Filin Certificate o	Original for Filing		\$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		Ame Divi The 241:	et Address endment Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303		

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	Douglas DRATION: <u>Cosmeti</u>	D. Dedo, M.D. <u>c Surg</u> ery and	– Th Longe	e Palm Beach Institute of vity, P.A.
DOCUMENT NUM	1100044			
The enclosed Article	rs of Amendment and fee	are submitted for fil	ing.	
Please return all corn	espondence concerning t	his matter to the follo	wing:	
	W. Glenn Dempsey,	Esq.		
	Name of Contact Person			
	W. Glenn Dempsey, Attorney-at-Law, PLLC			
	Firm/ Company			
	38 S. Sewall's Point Road			
	Address Stuart, FL 34996			
	City/ State and Zip Code			Code
	Glenn@DempseyLegal.com			
	E-mail address: (to	be used for future ar	nual rep	ort notification)
For further information	on concerning this matter	, please call:		
W. Glenn Dempsey		at (	61	<sub>、</sub> 346-1393
Name	of Contact Person		Area	Code & Daytime Telephone Number
Enclosed is a check for	r the following am			artment of State:
S35 Filing Fee	□\$43.75 Filii Certificate o	Original for Filing		S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Box 6327 Ishassee, FL 32314		Ame Divis The 2415	et Address Indirect Section It is in a contract of the contrac

## Articles of Amendment to Articles of Incorporation of

Douglas D. Dedo, M.D. - The Palm Beach Institute of Cosmetic Surgery and Congevity, P.A.

H93241	tion as currently filed with the Flo	orida Dept. of State)
(Docu	ment Number of Corporation (if kn	own)
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this <i>Florida Profit Corp</i>	poration adopts the following amendment(s
A. If amending name, enter the new name of the c	corporation:	
The Palm Beach Institute of Cosmetic and Sinus	s Surgery, P.A.	The new
name must be distinguishable and contain the word "c "Inc" or Co.," or the designation "Corp." "Inc, "chartered," "professional association," or the abbr	," or "Co". A professional corp	orporated" or the abbreviation "Corp"
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)  D. If amending the registered agent and/or registered agent and/or the new registered	ered office address in Florida, ent	er the name of the
Name of New Registered Agent		<del></del>
	(Florida street address)	
New Registered Office Address:		. Florida
	(Сііу)	(Zip Code)
New Registered Agent's Signature, if changing Regineral hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the a	obligations of the position.
Sign	nature of New Registered Agent, if c	hanging
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = Ch Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office he 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u> <u>John</u>	<u>l Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	P,T, D	Michael J. Lipan, M.D.	4060 PGA Boulevard
Add			Suite 204
Remove			Palm Beach Gardens, FL 33410
2) Change	V, S, D	Robert C. Gerring, M.D.	4060 PGA Boulevard
X Add			Suite 204
Remove 3) Change			Palm Beach Gardens, FL 33410
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
······································	<u>—</u>
·	
<del></del>	
<u> </u>	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

The date of each amendment(s) date this document was signed.	adoption:	, if other than t
Effective date if applicable:		
encerve date it applicable.	(no more than 90 days after amendment f	île date)
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requ Department of State's records.	airements, this date will not be listed as t
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without	t shareholder action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The or each voting group entitled to vote separately on the am	following statement nendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	,
	(voting group)	
selec	director, president or other officer – if directors or officer ted, by an incorporator / if in the hands of a receiver, trus inted fiduciary by that fiduciary)	rs have not been tee, or other court
чрро-	Michael J. Lipan, M.D.	
	(Typed or printed name of person signing)	
	President and CEO	
	(Title of person signing)	