

NO5000003249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

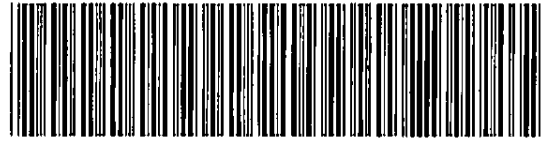
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2024 MAY 29 PM 1:26  
STATE  
TALLAHASSEE, FL

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2024 MAY 29 PM 1:26  
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TALLAHASSEE, FL

AB

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: South Florida Medical Group Management Association, Inc

DOCUMENT NUMBER: NO5000003249

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

Please return all correspondence concerning this matter to the following:

Robert Parker  
(Name of Contact Person)

(Firm/ Company)

7446 Seacoast Dr  
(Address)

Parkland, FL 33067  
(City/ State and Zip Code)

info@hlaof.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Parker at (561) 997-4973  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2024 MAR 29 PM 1:26

South Florida MEDICAL GROUP MANAGEMENT ASSOCIATION, INC.  
(Name of Corporation as currently filed with the Florida Dept. of State)

10500000 3249  
(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

Healthcare Leaders Association South Florida, INC. *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

*(Principal office address **MUST BE A STREET ADDRESS**)*

**C. Enter new mailing address, if applicable:**

*(Mailing address **MAY BE A POST OFFICE BOX**)*

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent:* \_\_\_\_\_

*(Florida street address)*

*New Registered Office Address:*

\_\_\_\_\_, Florida \_\_\_\_\_  
*(City) (Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

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

Example:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	President	TERRI BURGESS	_____
<input checked="" type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	President	John Brown	_____
<input checked="" type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	President	Meghan Kearns	3440 Hollywood Blvd. Suite 340 Hollywood, FL 33021
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	President	Jhanna Williams	3440 Hollywood Blvd. Suite 340 Hollywood FL, 33021
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	Treasurer	Amanda Lazzano	3440 Hollywood Blvd. Suite 340 Hollywood, FL 33021
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

**E. If amending or adding additional Articles, enter change(s) here:**

(attach additional sheets, if necessary). (Be specific)

Amend Name of Corporation to Healthcare Leaders  
Association South Florida Inc.  
Amend Article I with new corporate name  
Amend Article II to 7446 Seacoast Dr. Parkland, FL  
33067

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: 12/29/23  
*(no more than 90 days after amendment file date)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)                    **(CHECK ONE)**

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 12/29/23

Signature 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Robert W. Parker  
(Typed or printed name of person signing)

Executive Director  
(Title of person signing)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 31, 2024

ROBERT PARKER  
7446 SEACOAST DR  
PARKLAND, FL 33067

SUBJECT: SOUTH FLORIDA MEDICAL GROUP MANAGEMENT  
ASSOCIATION, INC.  
Ref. Number: N05000003249

We have received your document for SOUTH FLORIDA MEDICAL GROUP MANAGEMENT ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 624A00002076

*rec'd  
3.25*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 29, 2024

ROBERT PARKER  
7446 SEACOAST DR  
PARKLAND, FL 33067

SUBJECT: SOUTH FLORIDA MEDICAL GROUP MANAGEMENT  
ASSOCIATION, INC.  
Ref. Number: N05000003249

We have received your document for SOUTH FLORIDA MEDICAL GROUP MANAGEMENT ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

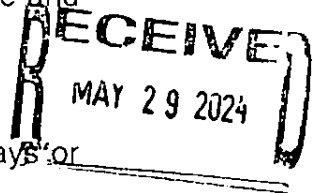
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 224A00006763

*We accidentally sent this  
to the IRS instead  
of the FLORIDA Dept of  
State*



TE/GE, PROCESSING  
RECEIVED  
INTERNAL REVENUE SERVICE

APR 29 2024

Cincinnati, OH