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## **COVER LETTER**

TO: Amendment Section Division of Comporations

NAME OF CORPORATION: Mack S	S. Eskenazi, M.D., P.A.
DOCUMENT NUMBER: P04000	068190
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Anna Es	Kenazi Contact Person)
Mark S. Eske	Company)
5130 Linton	3/ud., Scite E3
Delray Beach, F	1 3348 4 and Zip Code)
For further information concerning this matter, ple	ease call:
Anna Eskenazi (Name of Contact Person)	at (501) 381-4271 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
□\$35 Filing Fee	\$43.75 Filing Fee & S52.50 Filing Fe Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fe Certificate of Sta 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 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 13, 2007

ANNA ESKENAZI MARK S. ESKENAZI, M.D., P.A. 5130 LINTON BLVD, SUITE E 3 DELRAY BEACH, FL 33484

SUBJECT: MARK S. ESKENAZI M.D., P.A.

Ref. Number: P04000068190

We have received your document for MARK S. ESKENAZI M.D., P.A. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The date of adoption of each amendment must be included in the document.

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) 245-6908.

Sylvia Gilbert Document Specialist

Letter Number: 607A00010043

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## Articles of Amendment to Articles of Incorporation of

	Mark "	D. Esk	cna	21, M.D.	PA.	
	(Name of corp	oration as current	lly filed with	the Florida Dept.	of State)	10 To
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	ATE NAME (if					
So	ine Ins	stitute	of	South	Flori	da,P.A
Must contain the w	ord "corporation," "coration must contain	company," or "inc	orporated" d	or the abbreviation	"Corp.," "Inc.,	" or "Co.")
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f an amendment	provides for exc	hange, reclassi	fication, c	or cancellation of	of issued share	res, provisions
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(continued)

The date of each amendment(s) adoption: $\frac{2/15/07}{}$
Effective date if applicable:  (no more than 90 days after amendment file date)
(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.
Signature  (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)
Mark S. Eskenazi M.D.  (Typed or printed name of person signing)
President (Title of person signing)

FILING FEE: \$35