# P07000039105

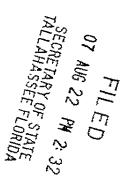
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# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: _	MATERNAL INSTINCT OBSTETRICS, INC.
DOCUMENT NUMBER:	P07000039105
The enclosed Articles of Amendm	nent and fee are submitted for filing.
Please return all correspondence of	oncerning this matter to the following:
В	ernard Kopet
	(Name of Contact Person)
в	ERNARD KOPET P.A.
	(Firm/ Company)
20	0170 PINES BLVD suite # 302
	(Address)
PE	CMBROKE PINES, FL 33029
	(City/ State and Zip Code)
For further information concerning	this matter, please call:
BERNARD KOPE	T at (954 ) 441~0403
(Name of Contact Person	at ( 954 ) 441-0403 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following	ng amount:
□\$35 Filing Fee ■\$43.75 Filing Certificate	
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



August 15, 2007

BERNARD KOPET 20170 PINES BLVD STE 302 PEMBROKE PINES, FL 33029

SUBJECT: MATERNAL INSTINCT OBSTETRICS, INC

Ref. Number: P07000039105

We have received your document for MATERNAL INSTINCT OBSTETRICS, 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):

When changing the name of a corporation filed pursuant to chapter 607, Florida Statutes, to that of a professional service corporation filed pursuant to chapter 621, Florida Statutes, the specific business purpose must also be added or changed to indicate what type of professional service the corporation will be rendering.

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) 245-6927.

Tracy Smith Document Specialist

07 AUG 22 AH 8: 00

Letter Number: 907A00049799

### **Articles of Amendment** ŧο **Articles of Incorporation** of

MATERNAL INSTINCT OBSTETRICS, INC. (Name of corporation as currently filed with the Florida Dept. of State) P07000039105 (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):

MATERNAL INSTINCT OBSTETRICS P.A.	
(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	ı.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number	(s)
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	
THE BUSINESS PURPOSE IS GYNECOLOGIST	
	_
	-
	_
	_
	<del>_</del>
	_
(Attach additional pages if necessary)	
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provis for implementing the amendment if not contained in the amendment itself: (if not applicable, indicated)	
	_
	_

(continued)

The date of each amendment(s) adoption: <u>AUGUST 2, 2007</u>
Effective date if applicable:
(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 east 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 Cari Staber  (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)
CARI GRABER
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

FILING FEE: \$35