## P9300008648

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: CARDIOLOGY	ASSOCIATES OF STUART PA	
DOCUMENT NUMBER: P93000086489		
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
HOWARD HELFMAN		
	Name of Contact Person	
CARDIOLOGY ASSOCIA	TES OF STUART PA	
	Firm/ Company	
1027 SE OCEAN BLVD		
	Address	
STUART, FL 34996-2576		
	City/ State and Zip Code	
MIKEGOLDBERGCPA@AOL.C	COM	
E-mail address: (to be	used for future annual report notification)	
For further information concerning this matter, plea	ase call:	
MICHAEL GOLDBERG CPA	at (305 ) 651-0400	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made	e payable to the Florida Department of State:	
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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 Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

CARDIOLOGY ASSOCIATES OF STUART P.A.

15 JUN 22 AM 7: 32

(Name of Corporation as	currently filed with the Florida Dept. of State)
P93000086489	·
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuts Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corpora	ation:
N/A	The new
	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRESS	<u>S</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of	Fire address in Florida, antau the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent N/A	
Name of New Registered Agent	
	77
(f	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
	·
low Davigtanad Agantha Cianatura if Lauria Davidana	-14
lew Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am f	a Agent:  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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	T	SATTAR GOJRATY	1027 SE OCEAN BLVD
X Add			STUART FL 34996-2576
Remove			
2) Change	S	STEVEN MALOSKY	1027 SE OCEAN BLVD
X Add			STUART FL 34996-2576
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Changa			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here  (Attach additional sheets, if necessary). (Be specific)	
N/A	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (If not applicable, indicate N/A)	
N/A	

The date of each amendmen	N/A			if ather they the
date this document was signed			FILEO	_, if other than the
· ·	•		SECRETARY OF CORT	STATE
Effective date if applicable:			NATA HARICIAIN	PHOTE
	(no more than 90 da	ys after amendment file d	ate 相 JUN 22 AI	H 7: 32
Note: If the date inserted in document's effective date on	this block does not meet the applicable the Department of State's records.			
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			
	ere adopted by the shareholders The numbers sufficient for approval.	nber of votes east for the a	amendment(s)	
☐ The amendment(s) was/we must be separately provide	ere approved by the shareholders through led for each voting group entitled to vote	voting groups. The follow separately on the amenda	ving statement nent(s):	
	s cast for the amendment(s) was/were suf	• •		
by	(voting group)	,,		
, <u>—</u> ———————————————————————————————————	(voting group)			
action was not required.	ere adopted by the board of directors with			
J	UNE 16, 2015			
DatedSignature	× M			
(I s	By a director, president or other officer – elected, by an incorporator – if in the han ppointed fiduciary by that fiduciary)			_
	HOWARD HELFMAN	H H	elfand	
	(Typed or printed name	of person signing)		
	PRESIDENT			
	(Title of pe	rson signing)		