600608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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OCT 31 2012

C. MUSTAIN

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12 OCT 30 AM 9:17

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: OB/GYN SPECIALISTS OF THE PALM BEACHES,

DOCUMENT NUMBER: 600608

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

Please return all correspondence concerning this matter to the following:

REBEEA REYES
Name of Contact Person

OB/GYN SPECIALISTS OF THE PALM BEACHES
Firm/ Company

2979 PGA BLVD #100
Address

PALM BEACH GARDENS, FL 33410
City/ State and Zip Code

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

For further information concerning this matter, please call:

REBEEA REYES at (561) 275-7599
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2012

JOHN BURIGO
1515 N FLAGLER DR., #700
W. PALM BEACH, FL 33401

SUBJECT: OB/GYN SPECIALISTS OF THE PALM BEACHES, P.A.
Ref. Number: 600608

We have received your document for OB/GYN SPECIALISTS OF THE PALM BEACHES, P.A. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted an application which does not meet the current requirements of the Florida Statutes. You may complete our current form or amend your application to include the required information.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 312A00023781

Articles of Amendment
to
Articles of Incorporation
of

OB/GYN SPECIALISTS OF THE PALM BEACHES P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

600608

(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:

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

_____ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc." or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

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)

_____
_____
_____

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12 OCT 30 AM 9:17

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:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

UNFORTUNATELY THE WEBSITE HAS LIMITED SPACE TO LIST OFFICER/DIRECTOR THEREFORE BELOW AND ON THE ATTACHED ARE OUR OFFICER/DIRECTOR LIST.

Type of Action (Check One)	Title	Name	Address
1) ___ Change	PD	JOHN BURIGO, MD	2979 PGA BLVD #100
↘ Add			PALM BEACH GARDENS
___ Remove			FL 33410
2) ___ Change	VPD	ROBERT GORDON, DO	SAME
↘ Add			
___ Remove			
3) ___ Change	SD	DEBRA JONES, MD	SAME
↘ Add			
___ Remove			
4) ___ Change	TD	STEVEN FERN, MD	SAME
↘ Add			
___ Remove			
5) ___ Change	D	RONALD KOCH, MD	SAME
↘ Add			
___ Remove			
6) ___ Change	D	LAURA WESTON, MD	SAME
↘ Add			
___ Remove			

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.

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Example:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change	D	MARIE MOREL, MD	SAME
↘ Add			
___ Remove			
2) ___ Change	D	DONNA PINELLI, MD	SAME
↘ Add			
___ Remove			
3) ___ Change	D	KELLY VANGILDER, DO	SAME
↘ Add			
___ Remove			
4) ___ Change	D	LINDA KILEY, MD	SAME
↘ Add			
___ Remove			
5) ___ Change	D	LOEL FISHMAN, MD	SAME
↘ Add			
___ Remove			
6) ___ Change	D	VICTOR IANNACCONE, MD	SAME
↘ Add			
___ Remove			

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:

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Example:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change	D	JULIE PASS, MD	SAME
↘ Add			
___ Remove			
2) ___ Change	D	SAMUEL FALZONE, MD	SAME
↘ Add			
___ Remove			
3) ___ Change	D	MELISSA CARLSON, MD	SAME
↘ Add			
___ Remove			
4) ___ Change	CAD	JEFFREY GOLD	SAME
↘ Add			
___ Remove			
5) ___ Change	D	DAVID CHOI, MD	SAME
↘ Add			
___ Remove			
6) ___ Change	D	AMY BANDONI, MD	SAME
↘ Add			
___ Remove			

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.

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Example:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change	D	DEBRA BALLIRAM, DO	SAME
✓ Add			
____ Remove			
2) ____ Change			
____ Add			
____ Remove			
3) ____ Change			
____ Add			
____ Remove			
4) ____ Change			
____ Add			
____ Remove			
5) ____ Change			
____ Add			
____ Remove			
6) ____ Change			
____ Add			
____ Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach *additional sheets, if necessary)* *(Be specific)*

N/A

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 amendment(s) adoption: 9-15-12

Effective date if applicable: _____

(no more than 90 days after amendment file date)

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

☐ The amendment(s) was/were adopted 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.

Dated 10-22-2012

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)

JOHN A BURIGO, M.D., PRES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)