

681552

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 NOV 22 PM 11:53

Amend  
@ 11/22/13

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Cardiology Associates of Palm Beach, P.A.

DOCUMENT NUMBER: 681552

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

Please return all correspondence concerning this matter to the following:

Terri Goodner

Name of Contact Person

Cardiology Associates of Palm Beach, P.A.

Firm/ Company

1401 Forum Way, Suite 300

Address

West Palm Beach, FL 33401

City/ State and Zip Code

tgoodner@cardiopb.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terri Goodner

Name of Contact Person

at ( 561 )

478-1104

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

November 8, 2013

TERRI GOODNER  
CARDIOLOGY ASSOCIATES OF PALM BEACH PA  
1401 FORUM WAY - STE. 300  
WEST PALM BEACH, FL 33401

SUBJECT: CARDIOLOGY ASSOCIATES OF PALM BEACH, P.A.  
Ref. Number: 681552

We have received your document for CARDIOLOGY ASSOCIATES OF PALM BEACH, 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):

The document must also contain the address of the registered agent which must be at a Florida street address.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 113A00026038

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 NOV 22 11:53

Cardiology Associates of Palm Beach, P.A.

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

681552

(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)

1401 Forum Way  
Suite 300  
West Palm Beach, FL 33401

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 Michael E. Ray, M.D.  
Same - 1401 Forum Way, Suite 300  
(Florida street address)  
New Registered Office Address: West Palm Beach, Florida 33401  
Same →  
(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

(Attach additional sheets, if necessary)

*P = President; VP = 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.*

**Example:**

**Address**

☐ Change  
☐ Add  
☐ Remove

1401 Forum Way  
West Palm Beach, Fl  
33401

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

(if not applicable, indicate N/A)

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

Effective date if applicable: 11/01/2013  
(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

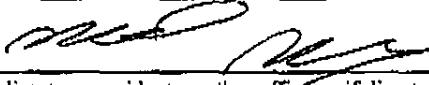
by \_\_\_\_\_"  
(voting group)

☐ 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 11/01/2013

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)

Michael E. Ray, M.D.

(Typed or printed name of person signing)

President

(Title of person signing)