

479058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

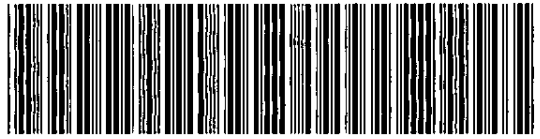
(Business Entity Name)

(Document Number)

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09 MAR 25 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*C. Coulliette*  
C. COULLIETTE  
MAR 27 2009  
EXAMINER

**SACHER, ZELMAN, HARTMAN,  
PAUL, BEILEY & ROLNICK**

PROFESSIONAL ASSOCIATION  
ATTORNEYS AT LAW  
1401 BRICKELL AVENUE • SUITE 700  
MIAMI, FLORIDA 33131-3503

TELEPHONE: (305) 371-8797  
TELECOPIER: (305) 374-2605  
EMAIL: rzelman@sacherzelman.com

March 20, 2009

RICHARD M. ZELMAN

**Via Federal Express**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

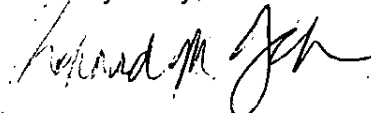
**RE: Amendment to Articles of Incorporation to Miami Associates in  
Pediatric Surgery, P.A.**

To Whom It May Concern:

Enclosed please original completed Articles of Amendments and Officer/Director Resignation for a Corporation which we ask you file. We are also enclosing our check in the amount of \$70.00 in payment of your filing fees for the abovementioned documents.

Please let us know if you have any additional questions, comments or revisions.

Yours Very Truly,



RICHARD M. ZELMAN

RMZ/yc  
Enclosures

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MIAMI ASSOCIATES IN PEDIATRIC SURGERY, P.A.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** 479058  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CATHY ANNE BURNWEIT, MD  
\_\_\_\_\_

(Name of Person)

NAHMAD, LANKAU, WEINBERGER, M.D.'S, P.A.  
\_\_\_\_\_

(Name of Firm/Company)

3200 SW 60TH COURT, SUITE 201  
\_\_\_\_\_

(Address)

MIAMI, FL 33155  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

CATHY ANNE BURNWEIT, MD  
\_\_\_\_\_

(Name of Person)

at ( 305 ) 662-8320

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MICHEL H. NAHMAD, hereby resign as PRESIDENT-DIRECTOR  
(Title)

of NAHMAD, LANKAU, WEINBERGER, M.D.'S, P.A.  
(Name of Corporation)

479058, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**FILED**  
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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**