545282

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	CORPORATION: STUART GOTTLIEB, M.D. CHARTERED		
DOCUMENT N	NUMBER: 545282		
The enclosed Arti	cles of Amendment	and fee are submitted for filing.	
Please return all c	orrespondence conce	erning this matter to the following:	
		SANDRA PEREZ	
	•	Name of Contact Person	
	PBA	A PROFESSIONAL SERVICES INC	
		Firm/ Company	
		174 NE 96 ST	
		Address	
		MIAMI, FL 33138	
		City/ State and Zip Code	
		SANDRA@WEBPBA.COM (to be used for future annual report notification)	
	L-man address.	(to be used for future annual report normeactor)	
For further inform	ation concerning this	s matter, please call:	
	ANDRA PEREZ	at (305) 7581136 Area Code & Daytime Telephone Number	
Name	e of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a chec	k for the following a	mount made payable to the Florida Department of State:	
☑ \$35 Filing Fee	\$43.75 Filing Fe Certificate of Sta		
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Section Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment Articles of Incorporation

STUART GOTTLIEB, M.D. CHARTERED

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

545282

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.10 imendment(s) to its Articles of Incorporation		Florida Profit Corporation adopts the foll
A. If amending name, enter the new name	of the corporation:	
name must he distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or t name must contain the word "chartered," "p	he designation "Corp," "In	c," or "Co". A professional corporation
B. Enter new principal office address, if a Principal office address <u>MUST BE A STRI</u>		
C. Enter new mailing address, if applicab (Mailing address <u>MAY BE A POST OF</u>		
D. If amending the registered agent and/o new registered agent and/or the new re		in Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street	address)
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registere	nging Registered Agent:	and accept the obligations of the position.
-	Signature of New Register	ed 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)

<u>Title</u>	Name	<u>Address</u>	Type of Action
D ULPIANO CASTRELLON	ULPIANO CASTRELLON	3050 LA MIRAGE DRIVE LAUDERHILL, FL 33319	Add Ø Remove
			D Add D Remove
E. If amend (attach ad	ling or adding additional Articles, ent dditional sheets, if necessary). (Be spe	er change(s) here: ocific)	
provision	nendment provides for an exchange, to one for implementing the amendment of applicable, indicate N/A)	eclassification, or cancellation of if not contained in the amendme	lissued shares, nt itself:
			

The date of each amendmen	t(s) adoption: (08/08/1 <u>1 </u>
Effective date if applicable:	08/08/11	(date of adoption is required)
	(no more that	n 90 days after amendment file date)
Adoption of Amendment(s)	œ	CHECK ONE)
The amendment(s) was/we by the shareholders was/w		the shareholders. The number of votes cast for the amendment(s) or approval.
		the shareholders through voting groups. The following statemering group entitled to vote separately on the amendment(s):
"The number of votes	cast for the am	endment(s) was/were sufficient for approval
by	(voting group)	
	(voting group))
The amendment(s) was/we action was not required.	ere adopted by t	the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by t	the incorporators without shareholder action and shareholder
Dated_08/0	08/11	
Signature _	X -	
(B	y a director, pre	sident or other officer - if directors or officers have not been
		corporator – if in the hands of a receiver, trustee, or other court ry by that fiduciary)
	Vici	for 6. Joto MD.
	(Typed or printed name of person signing)
		President.
	(Title	e of person signing)