

551662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies Certificates of Status _____

Special Instructions to Filing Officer
Call Kim Crowell
When docs
are ready
Walk In

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Amend

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17 OCT -5 PM 4:32



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2017

KIMBERLY CROWELL
PENNINGTON, P.A.
215 SOUTH MONORE STREET, SUITE 200
TALLAHASSEE, FL 32301

SUBJECT: NORTH FLORIDA NEPHROLOGY ASSOCIATES, P.A.
Ref. Number: 551662

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 717A00020024

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: North Florida Nephrology Associates, P.A.

DOCUMENT NUMBER: 551662

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

Please return all correspondence concerning this matter to the following:

Kimberly Crowell
Name of Contact Person

Pennington, P.A.
Firm/ Company

215 South Monroe Street, Suite 200
Address

Tallahassee, FL 32301
City/ State and Zip Code

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

For further information concerning this matter, please call:

Kimberly Crowell at (850) 222-3533
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

Articles of Amendment
to
Articles of Incorporation
of

North Florida Nephrology Associates, P.A.

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

551662

(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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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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>PD</u>	<u>Gary P. Hansen</u>	<u>1609 Physicians Drive</u>
<input type="checkbox"/> Add			<u>Tallahassee, FL 32308</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VD</u>	<u>Cynthia L. Gaboury</u>	<u>1609 Physicians Drive</u>
<input type="checkbox"/> Add			<u>Tallahassee, FL 32308</u>
<input checked="" type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>Harold A. Doll</u>	<u>1609 Physicians Drive</u>
<input type="checkbox"/> Add			<u>Tallahassee, FL 32308</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 10/5/17

Signature [Handwritten Signature]
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

H. Alan Dow, Jr., MD
(Typed or printed name of person signing)

DIRECTOR
(Title of person signing)