

600608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

And
Kier

OB/GYN SPECIALISTS

of the Palm Beaches, P.A.
Excellence in Women's Health and Wellness Since 1968

January 1, 2013

Department of State
Division of Corporation
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: Document # 600608

The website only allows for a limited number of officers/directors/shareholders. Therefore the following is a list of all officers/directors/shareholders of the corporation for 2013;

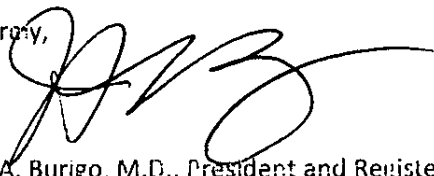
John Burigo – President
Robert Gordon – Vice President
Debra Jones – Secretary
Steven Fern – Treasurer
Ronald Koch – Director
Laura Weston – Officer
Marie Morel – Officer
Donna Pinelli – Officer
Kelly VanGilder – Officer
Linda Kiley – Officer
Loel Fishman – Officer
Victor Iannaccone – Officer
Julie Pass – Officer
Samuel Falzone -- Officer
Melissa Carlson -- Officer
David Choi - Officer

Each person above also owns an equal share of the corporation = 6.25%

The following is also an officer of the corporation.

Jeffrey Gold – Chief Administrative Officer

Sincerely,



John A. Burigo, M.D., President and Registered Agent

2979 P.G.A. Boulevard, Suite 100, Palm Beach Gardens, Florida 33410
1515 N. Flagler Drive, Suite 700, West Palm Beach, Florida 33401
2300 S. Congress Avenue, Suite 104, Boynton Beach, Florida 33426
1447 Medical Park Boulevard, Suite 300, Wellington, Florida 33414
345 Jupiter Lakes Boulevard, Suite 200, Jupiter, Florida 33458
927 45th Street, Suite 103 & 303, West Palm Beach, Florida 33407
6080 W. Boynton Beach Blvd., Suite 260, Boynton Beach, Florida 33437
Tel. (561) 655-3331 Fax: (561) 655-3744
<http://www.obgynspb.com>

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:

REBECCA 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@pbgyinspb.com

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

For further information concerning this matter, please call:

REBECCA REYES

Name of Contact Person

at (561) 275-7599

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

OB/6YN SPECIALISTS OF THE PALM BEACHES

(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)

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

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 ☒ Add ☐ Remove	PD	JOHN BURISO, MD	2979 P6A BLVD #100 PALM BEACH GARDENS FL 33410
2) ☐ Change ☒ Add ☐ Remove	VPD	ROBERT GORDON, DO	SAME
3) ☐ Change ☒ Add ☐ Remove	SD	DEBRA JONES, MD	SAME
4) ☐ Change ☒ Add ☐ Remove	TD	STEVEN FERN, MD	SAME
5) ☐ Change ☒ Add ☐ Remove	D	RONALD KOCH, MD	SAME
6) ☐ Change ☒ Add ☐ Remove	D	LAURA WESTON, MD	SAME

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☐ Change	<u>D</u>	<u>MARIE MOREL, MD</u>	<u>SAME</u>
☒ Add			
☐ Remove			
2) ☐ Change	<u>D</u>	<u>DONNA PINELLI, MD</u>	<u>SAME</u>
☒ Add			
☐ Remove			
3) ☐ Change	<u>D</u>	<u>KELLY VAN GILDER, DO</u>	<u>SAME</u>
☒ Add			
☐ Remove			
4) ☐ Change	<u>D</u>	<u>LINDA KILEY, MD</u>	<u>SAME</u>
☒ Add			
☐ Remove			
5) ☐ Change	<u>D</u>	<u>LOEL FISHMAN, MD</u>	<u>SAME</u>
☒ Add			
☐ Remove			
6) ☐ Change	<u>D</u>	<u>VICTOR IANNACONE, MD</u>	<u>SAME</u>
☒ 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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☐ Change	<u>D</u>	<u>JULIE PASS, MD</u>	<u>SAME</u>
☒ Add			
☐ Remove			
2) ☐ Change	<u>D</u>	<u>SAMUEL FAZDNE, MD</u>	<u>SAME</u>
☒ Add			
☐ Remove			
3) ☐ Change	<u>D</u>	<u>MELISSA CARLSON, MD</u>	<u>SAME</u>
☒ Add			
☐ Remove			
4) ☐ Change	<u>CAD</u>	<u>JEFFREY GOLD</u>	<u>SAME</u>
☒ Add			
☐ Remove			
5) ☐ Change	<u>D</u>	<u>DAVID CHOI, MD</u>	<u>SAME</u>
☒ Add			
☐ Remove			
6) ☐ Change	<u>D</u>	<u>AMY BANDONI, MD</u>	<u>SAME</u>
☒ 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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☐ Change	<u>D</u>	<u>DEBRA BALIRAM, DO</u>	<u>SAME</u>
☒ 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: 01-07-13

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 01-07-2013

Signature

[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)