

602843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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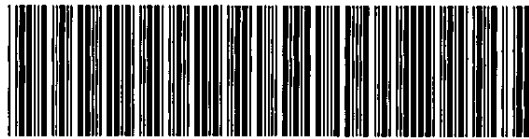
(Business Entity Name)

(Document Number)

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200110154662

10/04/07--01031--007 **43.75

Amend

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07 OCT -4 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 10 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CARDIOLOGY ASSOCIATES OF FT. LAUDERDALE P.A.

DOCUMENT NUMBER: 602843

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

Please return all correspondence concerning this matter to the following:

VICENTE E. FONT MD
(Name of Contact Person)

CARDIOLOGY ASSOCIATES OF FT. LAUDERDALE
(Firm/ Company)

4725 N. FEDERAL HIGHWAY SUITE 401
(Address)

FT. LAUDERDALE FLORIDA 33308
(City/ State and Zip Code)

For further information concerning this matter, please call:

JACQUELINE KREVAT at (954) 772-2136 X121
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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

CARDIOLOGY ASSOCIATES OF FORT LAUDERDALE P.A.

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

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TALLAHASSEE, FLORIDA

602843

(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:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (**BE SPECIFIC**)

REGISTERED AGENT, -- CHANGE FROM CIOCI, LOIS MD TO FONT, VICENTE E MD

^{Pres.}
DIRECTORS -- REMOVE CIOCI, LOIS MD

ADD FONT, VICENTE E MD

I ACCEPT

Pres
Vicente-Font

DIRECTORS -- ADD PUROW, JOSHUA M MD

I ACCEPT

Josh

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: OCTOBER 3, 2007

Effective date if applicable: OCTOBER 3, 2007
(no more than 90 days after amendment file date)

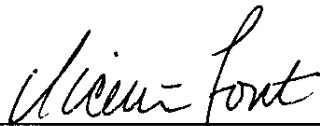
Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were approved 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.

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)

VICENTE E. FONT MD

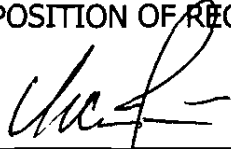
(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35

I, DR. VICENTE E. FONT, AM FAMILIAR WITH THE OBLIGATIONS OF THE
POSITION OF REGISTERED AGENT.

A handwritten signature in black ink, appearing to read 'Vicente E. Font', written over a horizontal line.

VICENTE E. FONT, MD