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TQ: Amendment Section

Division of Corporations

NAME OF CORPORATION: LITZENBLATT PEICHER & LOPEZ M.D. P.A. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 351-1100 EXT 224 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **\$**43.75 Filing Fee & ☐ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LITZENBLATT REICHER à 1	Lopez, M.D.P.	A.	
(Name of Corporation as curren			
603382	>		
(Document Numb	er of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this F	Storida Profit Corporation a	dopts the following
A. If amending name, enter the new name of t	he corporation:		
LITZENBLATT'& LODEZ, M.T.	D. D.A.		The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the diname must contain the word "chartered," "profe	e word "corporation," lesignation "Corp," "Ind	c," or "Co". A professiona	ated" or the
B. Enter new principal office address, if applie	sabla: Si	AME	
(Principal office address MUST BE A STREET	Capic.		<u> </u>
C. Enter new mailing address, if applicable:			11 MAR -4 AHIV: 34
(Mailing address <u>MAY BE A POST OFFIC</u>)	<u></u>		Fig. 1. 3.
D. If amending the registered agent and/or re- new registered agent and/or the new register		n Florida, enter the name o	
Name of New Registered Agent:	<u></u>	<u></u>	
New Registered Office Address:	(Florida street d	address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	ent. I am familiar with a		the position.
Sig	nature of New Registered	d Agent, if changing	

Page 1 of 3

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	Address	Type of Action
<u>VP</u>	FER PEICHER, M.D.	4701 M. FEDERAL Highway Suine A-10 Fr. Lauderdale, FL 33	Add Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
	g or adding additional Articles, enter of tional sheets, if necessary). (Be specificational sheets)		
provisions	idment provides for an exchange, reclasion in the implementing the amendment if no applicable, indicate N/A)	assification, or cancellation of issu ot contained in the amendment it	ed shares, self:

` The date of each amendment((s) adoption: 2 [25][]
THE MAN OF CASE AMERICAN	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statemend for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	e adopted by the board of directors without shareholder action and shareholder e adopted by the incorporators without shareholder action and shareholder
Signature (By selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	TRAM. LITZENBLATT M.D. (Typed or printed name of person signing) PRESIDENT
	(Title of person signing)