

604349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

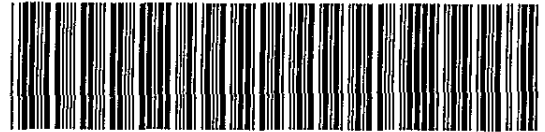
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600038251916

06/29/04--01053--018 **52.50

FILED

04 JUN 29 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FL 32311

Amend.

Q. Conallie JUL 09 2004

Leslie L. Matè, M.D., P.A.
PSYCHIATRY
DIPLOMATE, AMERICAN BOARD OF
PSYCHIATRY AND NEUROLOGY

June 16 2004

Division of Corporations

Dear Sirs -

I am hereby applying for the reinstatement of my corporation - included is my cheque of \$ 608⁷⁵ for 4 years in arrears, plus for a Certificate of Status. I have never received renewal notices at my old office (1401 Brickell Ave - Suite 320 - Miami 33131) during the past 4 years.

Yours truly,

Leslie L. Matè

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change of address of Corporation

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

LESLIE L. MATE MD
(Name of Person)

LESLIE L. MATE M.D. P.A
(Name of Firm/ Company)

2701 S. BAYSHORE DR. # 310
(Address)

MIAMI - FL 33133
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Leslie L. Mate MD at (705) 858-1114
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

LESLIE L. MATE, M.D. PA

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

(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.")

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

change of address only to

2701 S. Bayshore Dr #310

MIAMI - FL. 33133

Old address on record:

1000 Brickell Ave #910

MIAMI - FL. 33131

FILED
04 JUN 29 AM 8:45
SECRETARY OF STATE
TALLAHASSEE FL 32310

(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: 6/1/04

Effective date if applicable: _____
(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.

Signed this 21 day of June, 2004.

Signature

Leslie L. Mate M.D. PA

(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)

LESLIE L. MATE M.D.

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35