

631670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

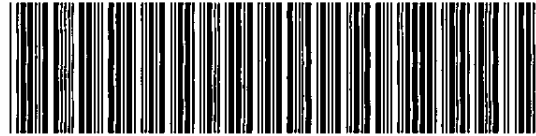
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04/02/08--01017--022 **35.00

05/01/08--01001--025 **8.75

FILED
08 APR 30 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend + N/C
SP 4/30



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2008

SUSAN E. RUBY
BAUM & PALUMBO, M.D., P.A.
1601 CLINT MOORE ROAD, SUITE 100
BOCA RATON, FL 33487

SUBJECT: JACOBSON, BAUM & PALUMBO, M.D., P.A.
Ref. Number: 631670

We have received your document for JACOBSON, BAUM & PALUMBO, M.D., P.A. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption of the amendment by the board of directors must be contained in your document. I tried to reach you by phone but was unsuccessful.

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) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 708A00020617

\$ 8⁷⁵

Please find enclosed an additional \$⁷⁵
for a copy to certify the change has
been made.

Thank you

Susan Ruby
Office Manager

2008 APR 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

501-439-0208

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Jacobson, Baum & Palumbo, M.D., P.A.

DOCUMENT NUMBER: 631670

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

Please return all correspondence concerning this matter to the following:

Susan E. Ruby

(Name of Contact Person)

Baum & Palumbo, M.D., P.A.

(Firm/ Company)

1601 Clint Moore Road, Suite 100

(Address)

Boca Raton, FL 33487

(City/ State and Zip Code)

For further information concerning this matter, please call:

Susan E. Ruby

(Name of Contact Person)

at (561) 939-0200

(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

Jacobson, Baum & Palumbo, M.D., P.A.

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

FILED
08 APR 30 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

631670

(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):

Baum & Palumbo, M.D., P.A.

(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**)

The following are elected as the officers of the Corporation:

1) President: Deborah Baum, M.D.

2) Vice-President: Ralph Palumbo, M.D.

3) Secretary: Ralph Palumbo, M.D.

4) Treasurer: Deborah Baum, M.D.

(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: 3/19/08

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.

Signature

DP Baum (PRESIDENT)
(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)

Deborah Baum, M.D.
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35