

(Req	uestor's Name)	
(Add	lress)	
bhA)	lress)	
(, , , ,		
(City	/State/Zip/Phone	e #)
_	_	
PICK-UP	MAIT	MAIL
/Rus	iness Entity Nan	ne)
(Dus	iness Chary Wan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
· —		
Special Instructions to F	Filing Officer:	
		:

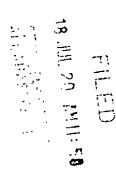
Office Use Only



100315586941

07/20/18--01012--004 **35.00

S TALLENT JUL 2 5 2018



July

COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPORATION: Broward County Dermatology Society, I
DOCUMENT NUMBER: 737016
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Glenn Sterling MD. (Name of Contact Person)
(Firm/ Company)
1040 Weston Rd, Ste 105
Weston FL 33326 (City/ State and Zip Code)
Westonderm@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Glenn Sterling at 954 816-6300 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, F1, 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Broward County	Derma	tology	Society	エっこ	
(Name of Corporation	on as currently file	d with the Florid	a Dept. of State)		
73	7016				
	ument Number of C	orporation (if kno	own)		
Pursuant to the provisions of section 617.1006, F amendment(s) to its Articles of Incorporation:	lorida Statutes, this	Florida Not For	Profit Corporation a	dopts the follo	owing
A. If amending name, enter the new name of t	he corporation:				
name must be distinguishable and contain the wo "Company" or "Co." may not be used in the na	<u>me</u> .	r "incorporated"	or the abbreviation		e new Inc."
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>			_ 		
				***:	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)			788.7 2.387.2 2.387.2	
				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	= 1
					
D. If amending the registered agent and/or re- new registered agent and/or the new regist	gistered office addi ered office address	<u>ress in Florida, e</u> ::	nter the name of the	C	D
Name of New Registered Agent	; <u> </u>				
New Registered Office Addres		(Flor	nda street address)		
New Registered Office Adda es	<u></u> .				
	(Cit	···	, Florida	1 Code)	
	(CH	<i>v)</i>	(Zip)	sone)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	Registered Agent vent. I am familiar	: with and accept to	he obligations of the p	position.	
	Signatur	e of New Registe	red Agent, if changin	g	

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: X Change X Remove X Add		<u>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u> </u>	Nicole Conrad, MD.	950 Glades Rd Boca Raton, FL 3343
Add Remove			
2) Change Add	<u>C</u>	Nicole Schwartz, MD	7050 W. Palmetto Park R Unit 30 Boca Raton, FL 33433
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove		Dans 2 of 4	

f amending or adding additional Ar ttach additional sheets, if necessary).	(Be specific)				
				··-	
					<u> </u>
		 .			
					
			<u> </u>		
					
					_
			<u> </u>		· -
					·
			 	_ 	
		<u> </u>			
				 	
	 -				·

The date of each amendment(s) adoption: _	07/12/2018	, if other than the
date this document was signed.	07/12/2018	
Effective date <u>if applicable</u> :		
(no	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes east for the	: amendment(s)
There are no members or members entitle adopted by the board of directors.	ed to vote on the amendment(s). The amendment	(s) was/were
Dated	2/2018	
Signature Klee	- terleum MD	·
(By the chairman or vio have not been selected	ce chairman of the board, president or other offic I, by an incorporator – if in the hands of a receive fiduciary by that fiduciary)	
Gile	(Typed or printed name of person signing)	,
	(Typed or printed name of person signing)	
	President.	
	(Title of person signing)	