

A 02000000403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

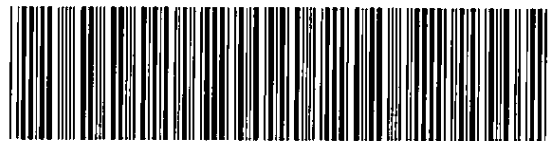
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Florida Limited  
Partnership

Incorrect form

Office Use Only



300427895753

04/17/24--01012--001 \*\*30.00

08/15/24--01002--016 \*\*22.50

FILED  
2024 AUG 15 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Medical Arts Professional Center, Ltd  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

John J. Rody, Jr. Lyle Silver  
Contact Person  
Moss, Krusick & Associates, LLC South Palm Cardiovascular Assoc.  
Firm/Company  
631 US Highway One, Suite 405 2300 S. Congress Ave - Suite 105  
Address  
North Palm Beach, FL 33408 Boynton Beach, FL 33426  
City, State and Zip Code  
rody@mosskrusick.com LSilver@SPCLVA.COM  
E-mail address: (to be used for future annual report notification) LSilver@SPCLVA.COM

For further information concerning this matter, please call:

John J. Rody, Jr. Lyle Silver at ( ) 561-846-9300 617-669-4740  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$57.50 Filing Fee ☐ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status  
\$22.50

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF

Medical Arts Professional Center, Ltd

Insert name currently on file with Florida Department of State

2024 AUG 15 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FL

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 3/14/2002, assigned Florida document number A02000000403, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:**

\_\_\_\_\_  
New name must be distinguishable and contain an acceptable suffix.

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

New Principal Office Address:

*(Must be STREET address)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Mailing Address:

*(May be post office box)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*City*

*Zip Code*

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Signature(s) of a general partner or all general partners\*:**

(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

\* 

**Signature(s) of all new or dissociating general partner(s), if any:**

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

**D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>GP</u>	<u>Sirpal Realty, Inc</u>	<u>615 Atlantis Estates Way</u> <u>Atlantis, FL 33462</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>GP</u>	<u>SPCVA Medical Arts</u> <u>Professional Center</u>	<u>2300 S. Congress Ave, Ste 105</u> <u>Boynton Beach, FL 33426</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:**

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

**(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)**



**Partners**

John J Rody, Jr., CPA  
Mercedes Latulippe  
W. Ed Moss, Jr., CPA  
Joe M. Krusick, CPA  
Ric Perez, CPA  
Cori G. Cameron  
Renee C. Varga, CPA  
Shawn M. Marshall  
Paul E. Smyth, CPA  
(Retired)  
Darby M. Hauck, CPA  
(Retired)

July 25, 2024

Registration Section  
Division of Corporations  
The Center of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Re: Medical Arts Professional Center  
Reference Number: 724A00009584

N. Palm Beach, FL 33408  
631 US Highway One  
Suite 405  
Phone: 561-848-9300

To whom it may concern,

We previously sent the Florida Limited Liability Company Articles of Amendment form, which was incorrect, along with a \$30 check. We have now completed the correct form and have included a check in the amount of \$22.50 which is the remaining balance due for the filing fee of \$52.50

Please process our amendment accordingly.

Winter Park, FL 32789  
501 S. New York Ave.  
Suite 100  
Phone: 407-644-5811  
[www.mosskrusick.com](http://www.mosskrusick.com)

Best regards,

A handwritten signature in black ink, appearing to read 'John J. Rody, Jr.' with a stylized flourish at the end.

John J. Rody, Jr., CPA  
Moss, Krusick & Associates, LLC

Miami Lakes, FL 33016  
7900 NW 155th Street  
Suite 201  
Phone: 305-445-7956

American Institute of  
Certified Public  
Accountants

Florida Institute of  
Certified Public  
Accountants



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 2, 2024

LYSSA PHIFER  
631 US HIGHWAY ONE  
STE 405  
NORTH PALM BEACH, FL 33408

SUBJECT: MEDICAL ARTS PROFESSIONAL CENTER, LTD.  
Ref. Number: A02000000403

We have received your document for MEDICAL ARTS PROFESSIONAL CENTER, LTD. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 724A00009584

AUG 14 2024