

A95000001638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

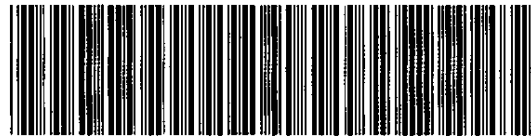
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2010 JUL 12 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 13 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Institute of Health, LTD, L.L.P
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:

ANA Zaken
Contact Person

Florida Institute of Health
Firm/Company

4850 West Oakland Park Blvd #205
Address

Landerdale Lakes, FL 33313
City, State and Zip Code

FIHPR@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA Zaken at (954) 484-7030
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$52.50 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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

2010 JUL 12 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Institute of Health, Ltd, L.L.P.

Insert name currently on file with Florida Department of State

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 October 31, 1995, assigned Florida document number A95000001638, 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

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

2010 JUL 12 PM 4:00

I hereby accept the appointment as registered agent and agree to act in this capacity as registered agent for the State of Florida, 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:

Title	Name	Address	Type of Action
GP	Daniel Kesden, M.D. PA	4850 W. Oakland Park Blvd #209 Lauderdale Lakes, FL 33313	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Keth-Lerner M.D. P.I.	4850 W. Oakland Park Blvd #209 Lauderdale Lakes, FL 33313	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Gerald Norensberg, D.O. PA	8327 W. Atlantic Blvd Margate FL 33091	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Florida Institute of Surgery, P.A.	4900 W. Oakland Park Blvd #306 Lauderdale Lakes, FL 33313	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
GP	Ryan Greene M.D. P.H.D.	4900 W. Oakland Park Blvd, #300	<input checked="" 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.)

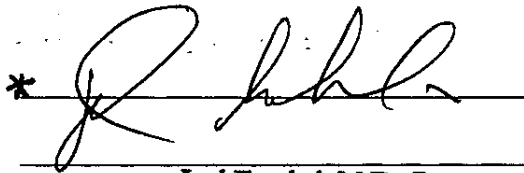
F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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.)

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

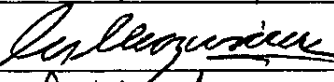
(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership"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

* 

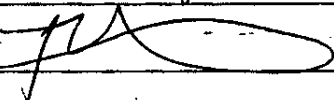
Joel Frankel, M.D., Pres
for Joel Frankel, M.D.,
Pulmonary Associates PA
for Florida Institute of Health

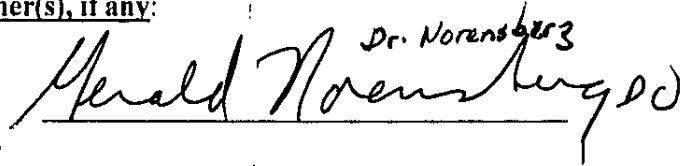
Signature(s) of all new or dissociating general partner(s), if any:

Daniel Kesten, M.D. Dr. Kesten

 Fl. Institute
of Surgery

 Dr. Groene

 Dr. Lerner

 Dr. Norenberg

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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