

F2100000/295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

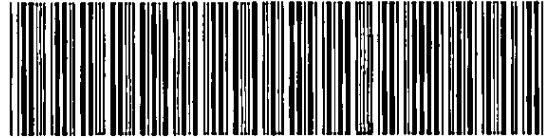
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N/C Amend

FILED
2024 JAN 29 AM 8:49

RECEIVED
2024 JAN 29 PM 12:11
TALLAHASSEE, FLORIDA
A. RAMSEY
FEB 5. 2024

00789, 00641, 00584, 00671



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Date: 02/02/2024

Name: Xavian Brown

Reference #: 2245687

Entity Name: Edge Health, P.C.

Account#: I200000000088

For any issues please contact

Xavian Brown

518-213-0739

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other Keep original filing date

Authorized Amount: \$35.00

Signature: XPM

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Edge Health, P.C.
Name of Corporation

DOCUMENT NUMBER: F21000001295

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ross Friedberg

Name of Contact Person

Goldsand Friedberg LLP

Firm/Company

3109 Grand Ave #225

Address

Miami, FL 33133

City/State and Zip Code

rfriedberg@goldsandfriedberg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ross Friedberg

at (860) 299-4016

Name of Contact 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

☐

\$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

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

Street Address:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2024

COGENCYGLOBAL

TALLAHASSEE, FL 32301

SUBJECT: EDGE HEALTH, PROFESSIONAL CORPORATION
Ref. Number: F21000001295

We have received your document for EDGE HEALTH, PROFESSIONAL CORPORATION and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

The suffix P.C. is not used in Florida. Please correct the name in the space under paragraph and use the words Professional Corporation. Please fill in the date the change was done in Massachusetts in paragraph 4.

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.

Annette Ramsey
OPS

Letter Number: 124A00002000

RECEIVED
2024 FEB -2 PM 4:26
TALLAHASSEE, FL 32301

www.sunbiz.org

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F21000001295

(Document number of corporation (if known))

1. Edge Health, P.C.
(Name of corporation as it appears on the records of the Department of State)
2. Massachusetts 3. 03/04/2021
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? January 19, 2024
5. Author Health Professionals, P.C.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
Author Health Professionals, Professional Corporation
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Title VP, Secretary	Joseph Matthew Ruschell	500 West Main Street, Louisville, KY 40202	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Director, Tax	Daniel K Feld	500 West Main Street, Louisville, KY 40202	<input type="checkbox"/> Add
			<input checked="" 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

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

John Taylor, M.D.

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35.00



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: February 01, 2024

To Whom It May Concern :

I hereby certify that according to the records of this office,

AUTHOR HEALTH PROFESSIONALS, P.C.

is a domestic corporation organized on **August 14, 2019** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 24020037330

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: