

F40041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

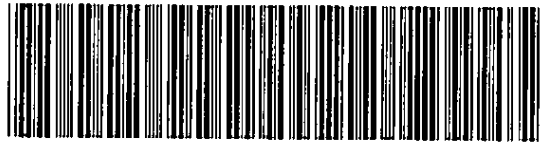
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/22/21--01017--021 **52.50

A. Butler
8/10/21

07.15.2021

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS: AMMENDMNET
SECTION

2415 N MONROE STREET SUITE 810 TALLAHASSEE FL 32303

To Whom it May Concern:

I am writing to request a change in G Cosentino Inc's articles of incorporation. Attached you will find the appropriate forms, titles, SunBiz registrations and title changes desired. For completeness sake, I am requesting the following changes: 1) Change of corporate name from G Cosentino Inc to Bayshore Podiatry Center Inc 2) Addition of Saleena R. Niehaus as VP of corporation. Included is a request for certificate of status and certified copy so that I may return to the IRS as well.

SINCERELY,



JAMES E REPKO, DPM
PRESIDENT

G COSENTINO INC DBA BAYSHORE PODIATRY CENTER
P: 813-877-6636
F: 813-877-6610

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: G Cosentino Inc

DOCUMENT NUMBER: F40041

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

Please return all correspondence concerning this matter to the following:

James E. Repko

Name of Contact Person

Bayshore Podiatry Center

Firm/ Company

508 S Habana Avenue Suite 230

Address

Tampa, Florida 33609

City/ State and Zip Code

jrepko@bayshorepodiatry.com

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

For further information concerning this matter, please call:

James Repko

Name of Contact Person

at (814)

330-4146

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED

G. Cosentino Inc

2021 JUL 22 PM 12:38

F40041

(Name of Corporation as currently filed with the Florida Dept. of State) STATE
TALLAHASSEE, FL

(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:

A. If amending name, enter the new name of the corporation:

Bayshore Podiatry Center Inc

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. 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:

(City)

Florida

(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

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (1) (e), F.S.

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>V</u>	<u>Saleena Niehaus</u>	<u>508 S Habana Avenue Suite 230</u>
<input checked="" type="checkbox"/> Add			<u>Tampa Florida 33609</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an 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)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted 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)

07/15/2021
Dated _____

Signature _____

(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)

James E. Repko

(Typed or printed name of person signing)

President

(Title of person signing)

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F40041

Entity Name: G. COSENTINO, INC.

Current Principal Place of Business:

508 S. HABANA AVE
230

TAMPA FL 33609

Current Mailing Address:

508 S. HABANA AVE.

230

TAMPA FL 33609 US

FEI Number: 59-2093559

Name and Address of Current Registered Agent:

REPKO, JAMES EDWARD DR

508 S. HABANA AVE.

230

TAMPA FL 33609 US

Certificate of Status Desired: Yes

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE: JAMES E. REPKO

Electronic Signature of Registered Agent

01/13/2021

Date

Officer/Director Detail :

Title PRESIDENT

Name REPKO, JAMES EDWARD DR.

Address 508 S. HABANA AVE.
230

City-State-Zip: TAMPA FL 33609

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes and that my name appears above or on an attachment with all other live empowered

SIGNATURE: JAMES E. REPKO

PRESIDENT

01/13/2021

Electronic Signature of Signing Officer/Director Detail

Date

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G20000062785

Fictitious Name to be Registered: BAYSHORE PODIATRY CENTER

Mailing Address of Business: 508 S. HABANA AVE
STE 230
TAMPA, FL 33609

Florida County of Principal Place of Business: HILLSBOROUGH

FEI Number: 59-2093559

Owner(s) of Fictitious Name:

G. COSENTINO, INC
508 S HABANA AVE STE 230
TAMPA, FL 33609
Florida Document Number: F40041
FEI Number: 59-2093559

FILED
Jun 04, 2020
Secretary of State

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, Florida Statutes.

GERALD L. COSENTINO

Electronic Signature(s)

06/04/2020

Date

Certificate of Status Requested ()

Certified Copy Requested ()