

F70514

(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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05/11/20

Amend.
DC

2020 MAY 11 PM 4:13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2020

LEE H. EDELMAN
5210 LINTON BLVD #306-307
DELRAY BEACH, FL 33484

SUBJECT: ADAM S. PLOTKIN, M.D., P.A.
Ref. Number: F70514

We have received your document for ADAM S. PLOTKIN, M.D., P.A. and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

I NEED SOMEONE TO PLEASE CALL ME AT 850-245-6906. I NEED TO KNOW THE DATE THE AMENDMENT WAS ADOPTED AND IF IT WAS ADOPTED BY THE SHAREHOLDERS, DIRECTORS OR INCORPORATORS????????? *****PLEASE CALL ME SO THAT WE CAN GET YOUR DOCUMENT FILED*****

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.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 820A00009165



2020 APR 23 PM 8:00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2020

LEE H. EDELMAN
5210 LINTON BLVD #306-307
DELRAY BEACH, FL 33484

SUBJECT: ADAM S. PLOTKIN, M.D., P.A.
Ref. Number: F70514

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE LIST AN ADDRESS FOR THE REGISTERED AGENT IN SECTION D.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 420A00008274



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020/07/10 PM 4:5

March 24, 2020

LEE H. EDELMAN
5210 LINTON BLVD #306-307
DELRAY BEACH, FL 33484

SUBJECT: ADAM S. PLOTKIN, M.D., P.A.
Ref. Number: F70514

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

PLEASE MAKE ALL CHANGES ON THE FORM(S) PROVIDED.

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.

Querida R Moore
Regulatory Specialist II

Letter Number: 920A00006361

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Adam S Plotkin, M.D., P.A.

DOCUMENT NUMBER: F70514

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

Please return all correspondence concerning this matter to the following:

Lee Edelman

Name of Contact Person

Adam S Plotkin, M.D., P.A.

Firm/ Company

5210 Linton Blvd #307

Address

Delray Beach, FL 33484

City/ State and Zip Code

lee@adamplotkin.com

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

For further information concerning this matter, please call:

Lee Edelman at (561) 499-0660

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:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Adam S. Plotkin, M.D., P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

F70514

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment to its Articles of Incorporation:

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

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

Matthew Uhde, D.O.

5210 Linton Blvd, #307, Delray Beach
(Florida street address) 3348

New Registered Office Address:

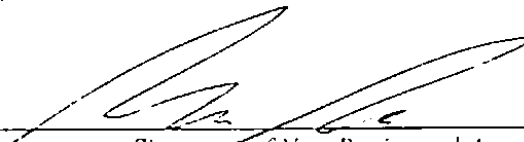
(City)

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 (11) (c), 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office. 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. To make 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 C; Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>Change</u> <u> </u> Add <u>X</u> Remove	<u>V</u>	<u>Ronit Stein, MD</u>	<u>5210 Linton Blvd</u> <u>Suite 307</u> <u>Delray Beach, FL</u>
2) <u>Change</u> <u>X</u> Add <u> </u> Remove	<u>V</u>	<u>Matthew Under, DO</u>	<u>5210 Linton B</u> <u>Suite 307</u> <u>Delray Beach, FL</u>
3) <u>Change</u> <u> </u> Add <u> </u> Remove	<u> </u>	<u> </u>	<u> </u>
4) <u>Change</u> <u> </u> Add <u> </u> Remove	<u> </u>	<u> </u>	<u> </u>
5) <u>Change</u> <u> </u> Add <u> </u> Remove	<u> </u>	<u> </u>	<u> </u>
6) <u>Change</u> <u> </u> Add <u> </u> Remove	<u> </u>	<u> </u>	<u> </u>

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: 02/01/2020, if other than the date this document was signed.

Effective date if applicable: 02/01/2020
(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)

Dated _____

Signature _____

Adam S. Plotkin MD
(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)

Adam S. Plotkin MD

(Typed or printed name of person signing)

President

(Title of person signing)