# GU1273

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(Ad	idress)	
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(Ci	ty/State/Zip/Phone	e #)
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AMUNIO 15,13

#### **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: KENNETH	A. BERDICK M	D PA	
DOCUMENT NUMBER: G61273			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
MICHAEL VILLA	LOBOS		
	Name of Contact Person	1	
<del> </del>	Firm/ Common		
1705 COLONIAL	Firm/ Company BLVD #C-4		
	Address		
FORT MYERS, F			
	City/ State and Zip Code	2	
M.VILLALOBOS@H.			
E-mail address: (to be us	sed for future annual report	notification)	
For further information concerning this matter, please	se call:		
MELINDA JOSEPH	at (239	, 333-2033	
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made	payable to the Florida Depa	urtment of State:	
\$35 Filing Fee \$\times \$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 Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of



### KENNETH A BERDICK, MD, PA

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

G61273	ional pepti of state)
(Document Number of Corporation (	if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	3714 EVANS AVE
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	FORT MYERS FL 33901
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3714 EVANS AVE
	FORT MYERS FL 33901
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
/Elavida et	reet address)
New Registered Office 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	<u>t:</u> with and accept the obligations of the position.
Signature of New Registered	Agent, if changing

## 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: X Change	<u>PT</u>	John Do	<u>oe</u>				
X Remove	<u>V</u>	Mike Jo	nes				
X Add	<u>sv</u>	Sally Sr	nith				
Type of Action (Check One)	Title		Name			<u>Addres</u> s	
1) Change		_			 _		***
Add							
Remove							
2) Change							
Add		_			 -		
Remove							
3) Change							
		_		<del></del>	 _		
Add							·
Remove							<del>,</del> ,
4) Change		<del></del>			 _		
Add							
Remove							
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5) Change		<del></del>			 <u>-</u>		
Add							
Remove							
6) Change	<del></del>	<del></del>			 _		
Add							
Remove							

(A 	ttoch additional chart	n if managams)	. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)				
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	an amendment prov	vidas far an avah	anga madaasifi	ation ou comes!	lation of issued a	h.a	
16			anye, reciassiii	zation, or cancer	iation of issued s	nares,	
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. <u>lf</u> I	orovisions for implem (if not applicable,	nenting the amer	ndment if not co	ontained in the a	mendment itself	<u>.</u>	
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<u>lf</u> I	provisions for implem	nenting the amer	ndment if not co	ontained in the a	mendment itself		
1	provisions for implem	nenting the amer	ndment if not co	ontained in the a	mendment itself		

The date of each amendmen	nt(s) adoption: 10/23/2012
Effective date <u>if applicable</u> :	10/02/2012
Effective date i <u>r applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):
"The number of vote	es cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
Dated 10	/23/2012
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)
	KENNETH A. BERDICK, M.D.
	(Typed or printed name of person signing)
	_ AP
	(Title of person signing)

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