

G65430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300064149213

01/24/06--01004--004 \*\*43.75

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2006 JAN 24 AM 8:25

FILED

*Amend.*  
C. Coullento JAN 26 2006

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** FORT LAUDERDALE ORTHOPAEDIC SURGERY  
+ SPORTS MEDICINE P.A.

**DOCUMENT NUMBER:** G65430

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

Please return all correspondence concerning this matter to the following:

JOANNE TETREAULT  
(Name of Contact Person)

FORT LAUDERDALE ORTHOPAEDIC SURGERY + SPORTS MEDICINE,  
(Firm/ Company) P.A.

1414 SE 3 AVE  
(Address)

FT LAUD FL 33316  
(City/ State and Zip Code)

For further information concerning this matter, please call:

JOANNE TETREAULT at (954) 764-8033  
(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  
(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

Fort Lauderdale Orthopaedic Surgery and Sports Medicine  
(Name of corporation as currently filed with the Florida Dept. of State) RA.

(Document number of corporation (if known))

**NEW CORPORATE NAME (if changing):**

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co."  
(A professional corporation must contain the word "chartered," "professional association," or the abbreviation "P.A.")

FILED  
2006 JAN 24 AM 8:25  
TALLAHASSEE, FLORIDA  
CLERK OF DISTRICT COURT  
U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF FLORIDA  
TALLAHASSEE, FLORIDA  
CLERK OF DISTRICT COURT  
U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF FLORIDA

NAME: RICHARD D GILSTEIN M.D. V. PRES

FT LAUD FL 33316

1414 SE 3 AVE

FT LAND FL 33316

If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: JANUARY 13, 2006

Effective date if applicable: JANUARY 13, 2006  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were approved 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)"

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

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

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)

KEVIN B SHROCK MD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35