## H3159

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## **COVER LETTER**

TO: Amendment Section Division of Corporations GAIL P. BALLWEG, M.D., P.A. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PHILLIP B. RARICK Name of Contact Person RARICK & BESKIN, P.A. Firm/ Company 6500 COWPEN ROAD, SUITE 204 Address MIAMI LAKES, FL 33014 City/ State and Zip Code PRarick@raricklaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Phillip B. Rarick Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

GAIL P. BALLWEG, M.D., P.A.

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

H31159

ent(s) to

1151159			•
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this A	Florida Profit Corporution	adopts the following amendme
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associ	nation "Corp," "Inc," or "(	Co". A professional corp.	The new rporated" or the abbreviation oration name must contain the
B. Enter new principal office address (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		1331 READING DRIVI	E
		ORLANDO, FL 32804	
D. If amending the registered agent an new registered agent and/or the ne	w registered office address:	•	ame of the
Name of New Registered Agent	RARICK & BESKIN, P,A,		
	6500 COWPEN ROAD, SU		V - 100
	(Florida stre	et uddress)	20014
New Registered Office Address:		(City)	, Florida
	(		(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis	hanging Registered Agent: tered agent. I am familiar w	ith and accept the obligation	ons of the position.
<del></del>	Compleme of 21 - 7	· · · · · · · · · · · · · · · · · · ·	
	🥏 🧢 Signature oj New Re	gistered/Agent, if changing	g

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>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PSD	GAIL P. BALLWEG	601 N. FLAMINGO ROAD
Add			SUITE 406
X Remove			PEMBROKE PINES, FL 33028
2) Change	PD	MEGHAN A. WARRICK	1331 READING DRIVE
X Add	·		ORLANDO, FL 32804
Remove			
3) Change			
Add			
Remove			
4) Change		·	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary)	. (Be specific)				
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		. <u>.</u>			<u>-</u>
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an amendment provides for an ex- rovisions for implementing the an	<u>change, reclassiff</u> nendment if not c	<u>cation, or canc</u> ontained in the	ellation of issue amendment it	ed shares. self:	
(if not applicable, indicate N/A)					
					<u> </u>
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				·	· · ·

The date of each amendment(s) adoption:	if other than the
5/15/17	
Effective date Is 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 document's effective date on the Department of State's records.	s, this date will not be listed as the
Aduption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the ame by the shareholders was/were sufficient for approval.	ndment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendmen.	
"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 staction was not required.	nareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action and shareholder was not required.	iolder
Dated5/15/17	
Signature Meshanf. Warren	·
(By a director, president or other officer – if directors or officers have a selected, by an incorporator – if in the hands of a receiver, trustee, or a appointed fiduciary by that fiduciary)	
MEGHAN A. WARRICK	
(Typed or printed name of person signing)	
DIRECTOR AND PRESIDENT	
(Title of person signing)	