## J73281

| (Requestor's Name)   |
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| (Address)  |
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| (Address)  |
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MC Tlewis 11-13-08

## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPOR  | RATION: PRICE BE                           | RLIN & HASSAN.PA   |   |
|---|--|--|---|
| DOCUMENT NUME   | BER: <u>J73281</u>                         |  | ***************************************   |
| The enclosed Articles   | of Amendment and fee a                     | are submitted for filing.  |   |
| Please return all corres  | spondence concerning the                   | is matter to the following:  |   |
|   |  | ORN LEITMAN  |   |
|   | (Name                                      | of Contact Person)   |   |
| <del></del>   |  | RN LEITMAN CPA PA  | ,   |
|   | (Fi  | rm/ Company)   |   |
|   | 8660 WEST                                  | FLAGLER ST, SUIT #200  |   |
|   | •  | (Address)  |   |
|   | MIAMI, I                                   | FLORIDA 33144 2033   |   |
|   | (City/ S                                   | tate and Zip Code)   |   |
| For further information   | n concerning this matter,                  | please call:   |   |
| DIANNE SANTIAGO   |  | at ( <u>305</u> ) <u>227-</u>  |   |
| (Name of  | Contact Person)                            | (Area Code & Day   | time Telephone Number)  |
| Enclosed is a check fo  | r the following amount n                   | nade 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 Addre<br>Amendment Se<br>Division of Co<br>P.O. Box 6327<br>Tallahassee, FI | ection<br>rporations                       | Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230 | r Circle  |

## Articles of Amendment to Articles of Incorporation of

| 2008 NO                 | EILED      |
|-------------------------|------------|
| IALLAHASSE<br>of State) | 10 PHIR:30 |
| of State)               | E A TATE   |

|   |  | AHAA     | My C       | .2, |
|---|--|----------|------------|-----|
|   | Price Berlin & Hassan PA.  | **3;     | SEE ASTOR  | ٠,  |
|   | (Name of Corporation as currently filed with the Florida Dept. o | f State) | - TOPICE   | •   |
| • | J73281   |          | — <u>+</u> |     |
|   | (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:

| following amendment(s) to its Articles of incorp   | poration:  |                      |
|--|--|----------------------|
| A. If amending name, enter the new name of   | the corporation:   |                      |
| Hollywood Medical Center EKG Associa   | ates PA  |                      |
| The new name must be distinguishable ar "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A." | nd contain the word "corporation,<br>"Inc.," or Co.," or the designation | "Corp," "Inc," or    |
| B. Enter new principal office address, if appl<br>(Principal office address <u>MUST BE A STREE</u>   |  |                      |
|  | · . · . · . · . · . · . · . · . · .                                      |                      |
|  |  |                      |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)  |  |                      |
|  |  |                      |
|  | <u></u>  |                      |
| D. If amending the registered agent and/or re  | agistared office address in Florida, as                                  | tor the name of the  |
| new registered agent and/or the new regis  |  | iter the name of the |
| Name of New Registered Agent:  |  | _                    |
|  |  |                      |
| New Registered Office Address:   | (Florida street address)   |                      |
| -  | (0)  | , Florida            |
|  | (City)   | (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

## 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)

| <u>Title</u> | <u>Name</u>   | Address                                | Type of Action           |
|--------------|---|--|--------------------------|
|              |   |  | □ Add                    |
|              |   |  | ☐ Remove                 |
|              |   |  |                          |
|              |   |  | ☐ Add                    |
|              |   |  |                          |
|              |   |  | <del></del>              |
|              |   |  | ☐ Add                    |
|              |   |  | ☐ Remove                 |
|              |   |  |                          |
|              |   |  |                          |
| E Ifamas     | . Alum ou odding odditional Auticles  | onton shango(s) have                   | •                        |
|              | nding or adding additional Articles.  additional sheets, if necessary). (Be |  |                          |
|              | additional streets, if necessary,.  | . upccijicj                            |                          |
|              |   |  |                          |
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|              |   |  | ***                      |
|              |   |  |                          |
|              |   |  |                          |
|              |   |  |                          |
| F. If an a   | mendment provides for an exchangions for implementing the amendm            | <u>re, reclassification, or cancel</u> | lation of issued shares, |
|              | not applicable, indicate N/A)   | ent it not contained in the ar         | nendment itsen:          |
| (3           |   |  |                          |
|              |   |  |                          |
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|              |   |  |                          |
|              |   |  |                          |

| The date of each amendment                         | t(s) adoption: 10/22/2008  |
|--|--|
| Effective date <u>if applicable</u> :              | 10/22/2008   |
|  | (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) ere sufficient for approval.  |
| The amendment(s) was/we must be separately provide | ere approved by the shareholders through voting groups. The following statement and 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)   |
|  | (voting group)   |
| The amendment(s) was/we action was not required.   | ere adopted by the board of directors without shareholder action and shareholder   |
| The amendment(s) was/we action was not required.   | ere adopted by the incorporators without shareholder action and shareholder  |
| Dated  | 80/2/01  |
| Signature  | Skylet   |
| (By  | a director, president or other officer - if directors or officers have not been  |
|  | ected, by an incorporator — if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)                                    |
|  | HOWARD BERLIN MD   |
|  | (Typed or printed name of person signing)  |
|  | (1) pou or printed rading of person signing)   |
|  | DIRECTOR   |
|  | (Title of person signing)  |