

L30705

(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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2022 JAN 25 PM 2:15 2022 JAN 24 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend.

JAN 26 2022

D CONNELL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT : 120210000160 AMOUNT: \$35.00

AUTHORIZATION SIGNATURE: 
NEUROLOGICAL TESTING CENTERS OF AMERICA, INC.

Business Name

Document Number, (if known):

☐ Walk in

☐ Pick up time ☐

☐ Mail out

☐ Will wait

☐ Photocopy

☐ **Certified Copy of Articles of Organization**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☒ **CORP**

AMMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ **Dissolution/Withdrawal**

☐ Merger

☐ **Conversion**

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL () ☐

Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☒ Reinstatement

☐ Statement of Revocation of Dissolution

☐ Other

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2022 JAN 25 PM 3:44
TALLAHASSEE, FLORIDA

January 25, 2022

FLORIDA CAPITAL COURIER

SUBJECT: NEUROLOGICAL TESTING CENTERS OF AMERICA, INC.
Ref. Number: L30705

We have received your document for NEUROLOGICAL TESTING CENTERS OF AMERICA, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 122A00001900

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Neurological Testing Centers of America, Inc.

DOCUMENT NUMBER: L30705

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

Please return all correspondence concerning this matter to the following:

Michelle K. Suarez, Esq
Name of Contact Person

Florida Entrepreneur Law
Firm/ Company

101 NE 3rd Ave., Suite 1500
Address

Fort Lauderdale, FL 33301
City/ State and Zip Code

fKhursheedMD@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle K. Suarez at (954) 882-4119
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 checked="" 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

Neurological Testing Centers of America, Inc.

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

L30705

(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:

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

N/A

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**)

10000 Stirling Road, Suite 1

Cooper City, FL 33024

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

10000 Stirling Road, Suite 1

Cooper City, FL 33024

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

Maureen Berg

10000 Stirling Road, Suite 1

(Florida street address)

New Registered Office Address:

Cooper City

(City)

Florida 33024

(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.

/s/ Maureen Berg (electronically signed)

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

FILED
2022 JAN 25 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If attending 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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u> </u> Change	<u>D/P</u>	<u>Kenneth Berg</u>	<u>1003 Pine Branch Drive</u>
<u> </u> Add			<u>Weston, FL 33326</u>
<u>X</u> Remove			
2) <u> </u> Change	<u>D/CEO</u>	<u>Dr. Faraz Khursheed</u>	<u>10000 Stirling Road, Suite 1</u>
<u>X</u> Add			<u>Cooper City, FL 33024</u>
<u> </u> Remove			
3) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
4) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
5) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach *additional sheets, if necessary*). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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)

N/A

The date of each amendment(s) adoption: 01/21/2022, if other than the date this document was signed.

Effective date if applicable: Date of filing
(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 01/25/2022

Signature /s/ Kenneth Berg (electronically signed) (resigning Director)
(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 Berg
(Typed or printed name of person signing)

Former President/Resigning Director
(Title of person signing)