

L63414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

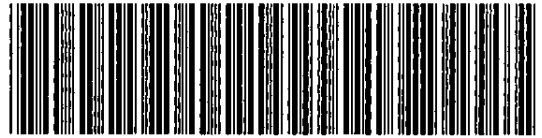
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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PULMONARY PARTNERS OF MIAMI

DOCUMENT NUMBER: L 63414

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

Please return all correspondence concerning this matter to the following:

MANUEL SUAREZ
(Name of Contact Person)

MANUEL SUAREZ, MD, PA
(Firm/ Company)

1435 W. 49th #2017
(Address)

HAIALEAH, FL 33012
(City/ State and Zip Code)

For further information concerning this matter, please call:

MANUEL SUAREZ at (305) 213-3591
(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:

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2008

MANUEL SQUAREZ, M.D., P.A.
1435 WEST 49TH PL #207
HIALEAH, FL 33012

SUBJECT: PULMONARY PARTNERS OF MIAMI, INC.
Ref. Number: L63414

We have received your document for PULMONARY PARTNERS OF MIAMI, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The specific business purpose of the professional association must be stated in the document.

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) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 508A00055310

2008 NOV 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED
2009 NOV 10 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PULMONARY PARTNERS OF MIAMI, INC.
(Name of corporation as currently filed with the Florida Dept. of State)

263414
(Document number of corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

MANUEL SUAREZ, MD, P.A.
(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

THE ABOVE IS A PROFESSIONAL ASSOCIATION
OF A PHYSICIAN'S OFFICE.

DOCTOR'S OFFICE.

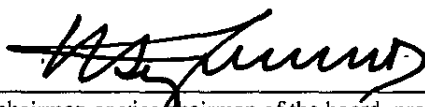
The date of adoption of the amendment(s) was: 10-6-08

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature


(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

MANUEL SUAREZ

(Typed or printed name of person signing)

MD, PRESIDENT

(Title of person signing)

FILING FEE: \$35