Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150001118693)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (850) 385-6735 Fax Number : (954)641-4192

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN CHILDREN'S DIAGNOSTIC & TREATMENT CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

H15000111869

4 15000 111869

Articles of Amendment to Articles of Jacorporation

Children's Diagnostic & Treatment Center, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) (Possument Number of Corporation (if known) (Possument to the provisions of section 617.1006, Florida Statutes, this Florida Not Far Profit Corporation adopts the following manner of the provisions of section 617.1006, Florida Statutes, this Florida Not Far Profit Corporation adopts the following manner of the new name of the corporation: A. Hamending name, enter the new name of the corporation: N/A The manner must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "In Company" or "Co." may not be used in the name. B. Enter new principal office address. If applicable; N/A Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address. If applicable; (Mailing address MAY BE A PONT OFFICE BOX) N/A Norme of New Registered spent and/or registered office address in Florida, enter the name of the new resistered spent and/or registered office address: N/A Norme of New Registered Agent: N/A N/A N/A (Thorde treet address) (Thorde treet address) (Thorde treet address) N/A New Registered Agent's Signature, if changing Registered Agent: New Pages to 14	j		of	
(Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statules, this Florida Not For Profit Corporation adopts the follow mendment(s) to its Articles of incorporation: A. If amending name, enter the new name of the corporation: N/A The name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "In Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable; Principal office address MUST BEASTREET ADDRESS) C. Enter new mailing address. If applicable; (Mailing address MAY BEA POST OFFICE BOX) N/A D. If amending the registered event and/or registered office address in Florida, enter the name of the new registered people and office in the new registered office address: N/A Name of New Registered Agent: N/A New Registered Agent's Signature, if changing Registered Agent: New Registered Agent if changing Registered Agent: New Registered Agent if changing Registered Agent: New Registered Agent if changing Signature of New Registered Agent, if changing Signature of New Registered Agent, if changing	Children's Diagnostic & Treatment Center, Inc.			
(Document Number of Corporation (if known) tursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the followmendment(s) to its Articles of Incorporation: . If amending name, enter the new name of the corporation: NA The amending name, enter the new name of the corporation: NA The Company or "Co." may not be used in the mame. Letter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS . Enter new mailing address if applicables (Moiling address MAY RE A POST OFFICE BOX) NA Name of New Registered agent and/or registered office address in Florida, enter the name of the new resistered agent and/or he new registered office address. NA Name of New Registered Agent: NA New Registered Office Address: NA (Florida street address) (City) (Zip Code) (iew Registered Agent's Signature, if changing Registered Agent: hereby accept the oppointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent. If changing Signature of New Registered Agent. If changing	(Name of Corporation	as current	tly filed with	the Florida Dept. of State)
(Document Number of Corporation (if known) tursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the followmendment(s) to its Articles of Incorporation: . If amending name, enter the new name of the corporation: NA The amending name, enter the new name of the corporation: NA The Company or "Co." may not be used in the mame. Letter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS . Enter new mailing address if applicables (Moiling address MAY RE A POST OFFICE BOX) NA Name of New Registered agent and/or registered office address in Florida, enter the name of the new resistered agent and/or he new registered office address. NA Name of New Registered Agent: NA New Registered Office Address: NA (Florida street address) (City) (Zip Code) (iew Registered Agent's Signature, if changing Registered Agent: hereby accept the oppointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent. If changing Signature of New Registered Agent. If changing	100000004774			
The mending name, enter the new name of the corporation: If amending name, enter the new name of the corporation: NA The ame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "In Company" or "Co." may not be used in the name. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address MAY BE A POST OFFICE BOX NA 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: Name of New Registered Agent: Nor Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent. I changing Signature of New Registered Agent. I changing	(Docum	nent Numb	er of Corpora	ation (if known)
The mass be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "In Company" or "Co." may not be used in the name. Description of the abbreviation "Corp." or "In Company" or "Co." may not be used in the name. Description of the abbreviation "Corp." or "In Company" or "Co." may not be used in the name. N/A Principal office address MUST BE A STREET ADDRESS Principal office address MUST BE A STREET ADDRESS Principal office address MAY RE A POST OFFICE BOX N/A If amending the registered agent and/or registered office address in Florida, enter the name of the new registered affice address: N/A Name of New Registered Agent: N/A //Florida tireet address N/	cursuant to the provisions of section 617.1006, Plo mendment(s) to its Articles of Incorporation:	ride Stetute	s, this <i>Floridi</i>	ta Not For Profit Corporation adopts the following
The mass be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "In Company" or "Co." may not be used in the name. Enter new principal office address, if applicable; N/A		e corporati	<u>on;</u>	
Principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) N/A Lamending the registered agent and/or registered office address in Florida, enter the name of the new registered after address: N/A	came must be distinguishable and contain the wort		ion" or "inco	The new corporated" or the abbreviation "Corp." or "Inc."
Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAX RE A PORT OFFICE BOX) NA (Mailing address MAX RE A PORT OFFICE BOX) I Lamending 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: NA (Florida street address) New Registered Office Address: (City) (City) (City) (City) Signature of New Registered Agent, if changing Registered Agent: New Aggistered Agent, if changing Signature of New Registered Agent, if changing	Company" or "Co." may not be used in the nam	<u>c</u> .		
Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (City) (Florida street address) (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing				
(City) New Registered Agent's Signature, if changing Registered Agent: New Registered Agent's Signature of the agent and/or registered Agent: New Registered Agent's Signature, if changing Registered Agent: New Registered Agent, if changing Signature of New Registered Agent, if changing	Principal office address <u>MUST BE A STREET A</u>	(DDRESS)	•	
Mailing address MAY BE A POST OFFICE BOX) 1. 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; New Registered Office, Address: (City) (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: hereby accept the obligations of the position. Signature of New Registered Agent, if changing				
(City) New Registered Agent's Signature, if changing Registered Agent: New Registered Agent's Signature of the agent and/or registered Agent: New Registered Agent's Signature, if changing Registered Agent: New Registered Agent, if changing Signature of New Registered Agent, if changing	ļ			
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; N'A (Florida street address) N'Ew Registered Office Address: (City) (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: 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			N/A	
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent: Name of New Registered Agent: New Registered Office Address: (City) (Cit	(Maning address MAY BE A POST OFFICE	_		
Name of New Registered Agent; New Registered Office Address: New Registered Office Address: (City) (Zip Code)		1.		
Name of New Registered Agent: Now Registered Office Address: New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: 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				
Name of New Registered Agent: New Registered Office Address: Very Registered Office Address: (Florida street address)	To manding the maintenant exact an atom well			The day are the same of the
Name of New Registered Agent: New Registered Office Address: Florida Florida (City) (Zip Code)	new registered upont and/or the new register	red office n	ddress:	1 1 10 seem enter the liathe of the
New Registered Office Address: (City) (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: 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	Name of New Registered Agent	N/A		
New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: 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	CHAIRE OLIGE: PERMICE CHAIRE			<u> </u>
(City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: 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	1.	· -		(Florida street address)
(City) (Zip Code) lew Registered Agent's Signature, if changing Registered Agent: 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	New Registered Office Address	:		•
lew Registered Agent's Signature, if changing Registered Agent: 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				, Florida
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			(City)	(Zip Code)
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	New Registered Agent's Signature, if changing	Registered	Agent:	
QD	hereby accept the appointment as registered ages	rt. I am for	nillar with an	nd accept the obligations of the position.
GD F- 100				
QD	-		another of N	Ina Registered Agent if changing
F= \$20		, .	Britain E of M	•
Page 1 of 4		•	•	UD
		1	Page 1 of 4	- ** - ** - ** - ** - ** - ** - ** - *
	ĺ			HAY AHAA
	İ			ZE T

H15000111869

If smending 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:

(Attoch 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 Dos 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 Dos, PT as a Change, Mike Jones. V as Remove, and Sally Smith, SV as an Add.

Example: X_Change X Remove X Add	Y :	John <u>Doe</u> Mike Jones Sally Smith	
Type of Action (Check One)	Title	Nume	<u>Addres</u> s
1) Change	ТО	Deborah Breen	303 SE 17th Street
Add X Remove			Fort Lauderdale, FL 33316
2) Change	то	Robert K. Martin	1800 NW 19th Street
X Add	•	,	Suite 110
Remove			Fort Lauderfiale, FL 33309
3) X Change	CD	Dan Overbey	1401 S. Federal Highway
Add			Fort Lauderdale, FL 33316
Remove	j		
4) X Change	VCD	Juliette Lippman	1401 S. Foderal Highway
Add	j		Fort Lauderdale, FL 33316
Remove	}		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5) Change	D	Colonel Alvin Pollock	1401 S. Federal Highway
X Add			Fort Lauderdale, FL 33316
Remove			
ர Change			
Add	}	•	
Remove	j 	Page 2 of 4	
41500011	1869		

· H15000111869

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
· · · · · · · · · · · · · · · · · · ·	<u> </u>				
· · · · · · · · · · · · · · · · · · ·	<u> </u>				
	<u> </u>		<u></u>		.—
	<u> </u>			<u> </u>	
· · · · · · · · · · · · · · · · · · ·	!	<u>, </u>	· · · · · · · · · · · · · · · · · · ·		
			······································	,	
	1	····	:		
	İ				
			· · · · · · · · · · · · · · · · · · ·		
			<u> </u>		
				· · · · · · · · · · · · · · · · · · ·	
!	•		<u> </u>		
			······································		

Page 3 of 4

The date of each amendment(s) date this document was signed.	adoption: 3-6-15	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the I	block does not meet the applicable statutory filing requirements, this date will no partment of State's records.	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s)	
There are no members or me adopted by the board of dire	mbers entitled to vote on the amendment(s). The amendment(s) was/were ctors.	
Dated7	56/15	
Signature		_
have not l	been selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
, , ,	DAN CHEREBEY	
	(Typed or printed name of person signing)	
	CHAIR	
- <u>-</u>	(Title of person signing)	