

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Fax Number : (850) 617-6380

From: Account Name : JOHN L. TOMLINSON
Account Number : I19980000017
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
FORT LAUDERDALE SURGICAL SOCIETY, INC.**

Certificate of Status	0
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Amend
@ 8/6/13

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Corporate Filing Menu

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John L. Tomlinson, CPA, PA 954-771-9488
8/1/2013 11:04:35 AM PAGE 1/001 Fax Server

P.1



August 1, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations
FORT LAUDERDALE SURGICAL SOCIETY, INC.
500 W CYPRESS CREEK RD SUITE 210
FT LAUDERDALE, FL 33309

SUBJECT: FORT LAUDERDALE SURGICAL SOCIETY, INC.
REF: N07000000170

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please verify whether or not the officers listed on the attached sheet should be listed as additional officers, if so please add the additional officers (LINDA BALENT, MD and CAROL RUBINSN, MD with acceptable titles in the space provided for officer/director changes.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H13000170665
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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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Articles of Amendment
to
Articles of Incorporation
of

FORT LAUDERDALE SURGICAL SOCIETY, INC.

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

N07000000170

(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:

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**)

C. Enter new mailing address, if applicable:

(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

(Florida street address)

New Registered Office Address:

(City)

, Florida

(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

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CLERK OF DISTRICT COURT
FLORIDA

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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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>TRANAKAS, NICHOLAS MD</u>	<u>6405 N FEDERAL HWY STE 401</u> <u>FORT LAUDERDALE, FL 33308</u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>VP</u>	<u>GUARNERI, RALPH MD</u>	<u>1508 SE 3RD AVE</u> <u>FORT LAUDERDALE, FL 33316</u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>T</u>	<u>JOHNSON, PETER S MD</u>	<u>1600 S. ANDREWS AVE.</u> <u>FT. LAUDERDALE, FL 33316</u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>P</u>	<u>HESSE, SABINE V MD</u>	<u>1600 S. ANDREWS AVE</u> <u>FT. LAUDERDALE, FL 33316</u>
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Page 3 of 4

((H13000170665 3)))

(((H13000170665 3)))

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

Effective date if applicable: June 20th, 2013

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

Dated

24th July 2013

Signature

Peter Johnson MD

(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)

PETER JOHNSON, MD

(Typed or printed name of person signing)

TREASURER

(Title of person signing)

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