

N07 000003318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

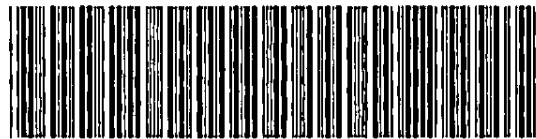
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Special Instructions to Filing Officer:

Spoke to Sanita Kicker,  
advised to make  
corrections.

-OEM  
6/22/20

Office Use Only



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05/26/20--01019--018 \*\*52.50

FILED  
2020 JUN 22 PM 6:17  
OFFICE OF  
TALLAHASSEE, FL

OEM  
6/22/20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 13, 2020

SANITA VIRDEE  
PEDIATRIC ANGEL FOUNDATION  
1018 NW 123RD DRIVE  
CORAL SPRINGS, FL 33071

SUBJECT: PEDIATRIC ASSOCIATES FOUNDATION, INC.  
Ref. Number: N07000003318

We have received your document for PEDIATRIC ASSOCIATES FOUNDATION, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 620A00011686

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Pediatric Associates Foundation, Inc.

DOCUMENT NUMBER: 26-0221441

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

Please return all correspondence concerning this matter to the following:

Sanita Virdee  
(Name of Contact Person)

Pediatric Angel Foundation  
(Firm/ Company)

1018 NW 123rd Drive  
(Address)

Coral Springs, FL 33071  
(City/ State and Zip Code)

sanitavirdee5@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sanita Virdee 954 7786313  
(Name of Contact Person) at (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

FILED

Pediatric Associates Foundation, Inc.

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

N07000003318

(Document Number of Corporation (if known))

2020 JUN 22 PM 6:17

SECRETARY  
TALLAHASSEE, FLORIDA

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:

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

Pediatric Angel Foundation, INC.

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

Dr. & Mrs. S.S. Virdee

1018 NW 123rd Drive

Coral Springs, FL 33071

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

Dr. & Mrs. S.S. Virdee

1018 NW 123rd Drive

Coral Springs, FL 33071

**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:

(Florida street 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

1. 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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
--------------------------------------	--------------	-------------	----------------

1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<input checked="" type="checkbox"/>	Alex Mijares	700 NE 25th Street, #704 Miami, FL 33137
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<input type="checkbox"/> D	Greta Mijares	700 NE 25th Street, #704 Miami, FL 33137
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<input type="checkbox"/> D	Yvette Ponce	10773 NW 58th Street, Suite 104 Miami, FL 33178
4) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input 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			

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

(attach additional sheets, if necessary). (Be specific)

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

Effective date if applicable: N/A  
(no more than 90 days after amendment file date)

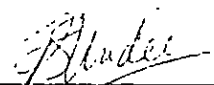
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Option 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 May 12th, 2020

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)

Sanita Virdee  
(Typed or printed name of person signing)

Board Chair  
(Title of person signing)