

NO70000009551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

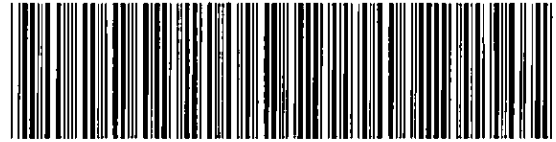
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600415207886

09/13/23--01011--004 \*\*35.00

2023 SEP 13 PM 12:40  
Filing Office  
Tulsa, Oklahoma

2023 SEP 13 PM 12:40  
Filing Office  
Tulsa, Oklahoma

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Florida Society of Dermatology Physician Assistants

DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Heather Gates  
(Name of Contact Person)

Florida Society of Dermatology Physician Assistants  
(Firm/ Company)

1969 S. Alafaya Trl., PMB #215  
(Address)

Orlando FL 32828  
(City/ State and Zip Code)

~~Heather Gates~~ hgates.fsdpa@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Gates at 309-370-6355  
(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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input 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

Florida Society of Dermatology Physician Assistants, Inc  
(Name of Corporation as currently filed with the Florida Dept. of State)

NO7000009551

(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:

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

Florida Society of Dermatology PAs, 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)

**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:

Heather Gates

13056 CR 202

(Florida street address)

New Registered Office Address:

Oxford  
(City)

Florida

34484  
(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.

Heather Gates

Signature of New Registered Agent, if changing

2003 SEP 13 PM 12:40

RECEIVED  
DIVISION OF CORPORATIONS

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action  
(Check One)

Title

Name

Address

1) ☒ Change  
☐ Add

P

Heather Gates

13056 CR 200  
Oxford, FL 3448V

☐ Remove

2) ☒ Change  
☐ Add

Past President

Megan Thomas

8801 Cameron Crest Dr.  
Tampa, FL 33626

3) ☐ Remove  
☐ Change  
☒ Add  
☐ Remove

V

Tiffani Batts Mossey

1518 86th Ave. N  
S. Petersburg, FL 33702

4) ☐ Change  
☒ Add

P-Elect

Scott Freeman

2975 Bryan Lane  
Tampa Springs, FL 34608

☐ Remove

5) ☐ Change  
☐ Add

I

Aaron Sookhoo

11114 Church Dr.  
Riverview, FL 33578

☐ Remove

6) ☐ Change  
☐ Add

I

Sandy Snyder

4200 Armenia Ave  
Tampa, FL

☒ Remove

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

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

Remove: Jessica Hillard (Past President)

7735 W Sand Lake Rd, Ste 200

Orlando, FL 32819

2023 SEP 13 PM 12:40

The date of each amendment(s) adoption: 9/11/2023 if other than the date this document was signed.

Effective date if applicable: 9/11/2023  
(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 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 9/11/2023

Signature Heather Gates

(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)

Heather Gates  
(Typed or printed name of person signing)

President  
(Title of person signing)

2023 SEP 13 PM 12:40

with a copy to the



**FSDPA**  
FLORIDA SOCIETY OF DERMATOLOGY PAs

September 11th, 2023

**To Whom It May Concern,**

Reference #: N07000009551

Letter # 823A00001749

2023 SEP 13 PM 12:40  
JWS

In regards to the previous letter referenced above, the Florida Society of Dermatology Physician Assistants would like to change its name to the "Florida Society of Dermatology PAs".

"PAs" stands for "Physician Assistants"

I have submitted a new application and payment which is enclosed.

Sincerely,

*Heather Gates*

Heather Gates

FSDPA President