

N180000005239

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CLERK OF STATE
DIVISION OF CORPORATIONS
2018 AUG 29 AM 11:46

AUG 17 2018

AUG 23 2018



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2018 AUG 20 AM 11:44

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2018

JON KOTLER, M.D.
HOLY CROSS HOSPITAL MEDICAL STAFF OFFICE
4725 N. FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308

SUBJECT: BROWARD MEDICAL STAFF ASSOCIATES, INC.
Ref. Number: N18000005239

We have received your document for BROWARD MEDICAL STAFF ASSOCIATES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 818A00017125

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2018 AUG 28 AM 11:44

14 August 2018

Florida Department of State

Division of Corporations

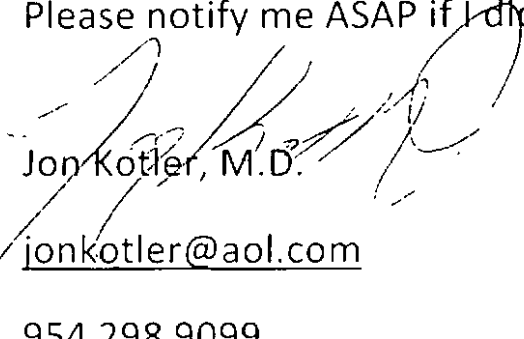
Sirs:

I serve as President of the Medical Staff at Holy Cross Hospital with corporate name: Broward Medical Staff Associates (EIN 83-1060736).

Our secretary/treasurer resigned from office. I will serve as temporary secretary/treasurer until we have new elections.

Also, I noted that some addresses were incorrect and I amended those on pages #1 and #2.

Please notify me ASAP if I did not handle the paperwork correctly.


Jon Kotler, M.D.

jonkotler@aol.com

954 298 9099

COVER LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 AUG 28 AM 11:44

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Broward Medical Staff Associates

DOCUMENT NUMBER: N18000005239

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

Please return all correspondence concerning this matter to the following:

Jon Kotler, M.D.

(Name of Contact Person)

Holy Cross Hospital Medical Staff

(Firm/ Company)

4725 North Federal Highway

(Address)

Fort Lauderdale, Florida 33308

(City/ State and Zip Code)

jonkotler@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon Kotler, M.D.

954

298 9099

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

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE
2018 AUG 28 AM 11:44

Broward Medical Staff Associates

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

N18000005239

(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:

NA

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)

Holy Cross Hospital Medical Staff Office

4725 North Federal Highway

Fort Lauderdale, Florida 33308

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Holy Cross Hospital Medical Staff Office

4725 North Federal Highway

Fort Lauderdale, Florida 33308

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 NA

New Registered Office Address:

(Florida street address)

NA

(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

(Attach additional sheets, if necessary)

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.

Example:

Address

33308

Fort Lauderdale, Florida 33308

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

1. **Introduction:** The study aims to investigate the impact of the COVID-19 pandemic on the mental health of healthcare workers.

2. **Methodology:** A cross-sectional survey was conducted among healthcare workers in various hospitals and clinics. The survey included a demographic questionnaire and a validated mental health assessment tool.

3. **Results:** The study found that a significant proportion of healthcare workers reported symptoms of anxiety, depression, and stress. The severity of symptoms was correlated with factors such as duration of exposure to the pandemic, perceived workload, and social support.

4. **Conclusion:** The findings highlight the need for mental health support and intervention for healthcare workers during the COVID-19 pandemic. Further research is needed to explore the long-term effects and develop effective coping strategies.

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

Effective date if applicable: NA
(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 11 August 2018

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)

Jon Kotler, M.D.

(Typed or printed name of person signing)

President

(Title of person signing)

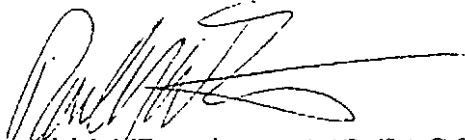
Ronald M Tuttelman, MD FACOG
1880 E Commercial Blvd, Suite 4
Fort Lauderdale, Florida
33308
954 776 4395

August 7, 2018

Dear Dr Kotler,

Please accept my resignation as Secretary/Treasurer of the Medical Staff.

Thank you.

A handwritten signature in black ink, appearing to read 'Ronald M Tuttelman', with a long horizontal flourish extending to the right.

Ronald M Tuttelman, MD FACOG