(Re	equestor's Name)	
(Ad	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
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Special Instructions to	Filing Officer:	
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R. WHITE SEP 1 8 2018

## **COVER LETTER**

1

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

•					
NAME OF CORPORATION:	ral Staff Associates				
N18000005239 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are	submitted for filing.				
Please return all correspondence concerning this	matter to the followin	g:			
Jon Kotler					
	(Name of Conta	ict Person)			
Holy Cross Hospital Medical Staff Office					
	(Firm/ Com	ipany)			<del></del>
4725 North Federal Highway					
	(Addres	ss)			
Fort Lauderdale, Florida 33308					
	(City/ State and	Zip Code)	-		
jonkotler@aol.com					
E-mail address: (to be	used for future annua	il report not	fication)		
For further information concerning this matter, p	lease call:				
Jon Kotler, M.D.		954 at	298 9099		
(Name of Contact Po	erson)		Code) (Daytime Te	lephone Number)	
Enclosed is a check for the following amount ma	de payable to the Flor	rida Departn	ent of State:		
	ee & 🔲 \$43.75 Filing atus — Certified Cop (Additional co enclosed)	У	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	SEP 14 LETARA	CETTER SPENS
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations		တိုင္း 🗫	C

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## FILED

Broward Medical Staff Associates

2018 SEP 14 AM 8: 04

(Name of Corporation as currently N18000005239	ntly filed with the Florid	In BENEFERMEN OF STATE TALLAHASSEE, FL
(Document Numb	per of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
NA		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS	)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
	<del></del>	
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office:		nter the name of the
NA.	autress.	
Name of New Registered Agent:		
	(Elo	rida street address)
New Registered Office Address:	יטו	aa sireer aaaressy
NA		, Florida
<del></del> -	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		he obligations of the position.
<del></del>	20 10 10 10	red Agent if changing

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:  X Change X Remove X Add	<u>V</u>	J <u>ohn Doe</u> Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S/T	Tuttelman, Ronald, M.D.	1880 E. Commercial Blvd (Suite#4)
Add			Fort Lauderdale, Florida
Remove			33308
2) X Change	P	Kotler, Jon	Medical Staff Office(HCH)
Add			4725 North Federal Highway
Remove			Fort Lauderdale, Fl., 33308
3 ) Change			
Add			
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additio	onal sheets, if necessary).	(Be specific)				
NA						
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NA	
The date of each amendment(s) adoption:	, if other than the
NA NA	
Effective date <u>if applicable</u> :  (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 no document's effective date on the Department of State's records.	ot be listed as the
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 September 2018	
Signature	<del></del>
(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, MD.	
(Typed or printed name of person signing)	
President	
(Title of person signing)	