

N 19 000000 205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

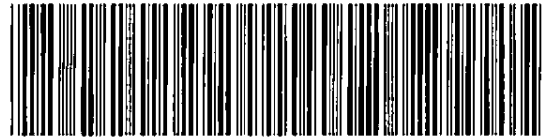
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



300428385543

Amend

04/26/24--01012--002 **25.00

07/02/24--01008--002 **10.00

FILED
2024 JUL -1 AM 8:42
CLERK OF STATE
ALABAMA

A. RAMSEY

JUL 2 2024

*00678, 00671

*00789, 06342, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2024

JASON D. WINN
WINN LAW
2709 KILLARNEY WAY, SUITE 4
TALLAHASSEE, FL 32309

SUBJECT: CENTRAL FLORIDA PODIATRIC MEDICAL ASSOCIATION, INC
Ref. Number: N19000000205

We have received your document for CENTRAL FLORIDA PODIATRIC MEDICAL ASSOCIATION, INC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00.

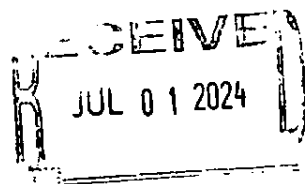
Please send the additional \$10.00 for filing fee as we requested in our previous letter.

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.

Annette Ramsey
OPS

Letter Number: 824A00012624





FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2024

JASON D. WINN
WINN LAW
2709 KILLARNEY WAY, SUITE 4
TALLAHASSEE, FL 32309

SUBJECT: CENTRAL FLORIDA PODIATRIC MEDICAL ASSOCIATION, INC
Ref. Number: N19000000205

We have received your document for CENTRAL FLORIDA PODIATRIC MEDICAL ASSOCIATION, INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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.

Annette Ramsey
OPS

Letter Number: 524A00010870

Rec 6/13

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CENTRAL FLORIDA PODIATRIC MEDICAL ASSOCIATION, INC

DOCUMENT NUMBER: N19000000205

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

Please return all correspondence concerning this matter to the following:

JASON D WINN

(Name of Contact Person)

WINN LAW

(Firm/ Company)

2709 KILLARNEY WAY, SUITE 4

(Address)

TALLAHASSEE, FL 32309

(City/ State and Zip Code)

JWINN@JWINNLAW.COM

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

For further information concerning this matter, please call:

JASON D WINN

850

519-5876

at

(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 &
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

CENTRAL FLORIDA PODIATRIC MEDICAL ASSOCIATION, INC

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

N19000000205

(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:

_____ 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)

3701 AVALON PARK W BOULEVARD

SUITE 225

ORLANDO, FL 32828

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3701 AVALON PARK W BOULEVARD

SUITE 225

ORLANDO, FL 32828

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

FILED

2024 JUL -1 AM 8:42

OFFICE OF THE
CLERK OF THE
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>PRES</u>	<u>RAMIN ROBERT NADJAFI, DPM</u>	<u>114 PARK LAKE STREET</u> <u>ORLANDO, FL 32803</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>PRES</u>	<u>TIMOTHY MILLER, DPM</u>	<u>3701 AVALON PARK W BLVD</u> <u>SUITE 225</u>
<input type="checkbox"/> Remove			<u>ORLANDO, FL 32838</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>

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

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

Blank lined area for text entry.

The date of each amendment(s) adoption: APRIL 20, 2024, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

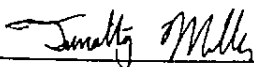
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 MAY 28, 2024

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)

TIMOTHY MILLER, DPM

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)