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SECRETARY OF STATE
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COVER LETTER

TO! Amendment Section
Division of Corporations

NAME OF CORP	ORATION:	ZSUZANNA SEYBOLD, M.D. CHARTERED				
DOCUMENT NUI	MBER:	P0000054886				
The enclosed Articl	les of Amendme	nt and fee are su	ıbmitte	ed for filing.		
Please return all con	rrespondence co	ncerning this ma	atter to	the following:		
-				unaid	- .	
		Name	oi Conti	act Person		• 1
				ASSOCIATES		
•		Fid	rm/ Con	npany		
	•	5401 N UNIV	ERSI	TY DR STE 102	<u> </u>	
· -			Addre			
•	• • • •					
<i>,</i> _				SS, FL. 33067		
		City/ S	tate and	Zip Code	-	
· · · ·	E-mail addr	JUNAIDCPA@ess: (to be used for	@YAH	IOO.COM unnual report notifica	tion)	<u> </u>
For further informa	tion concerning	this matter, plea	se call	:		
	ARON JUNAII		_ at (954 Area Code & Dayti	796	-4442
Name	of Contact Person			Area Code & Dayti	me Teleph	none Number
Enclosed is a check	for the following	ng amount made	payab	le to the Florida	Departm	ent of State:
\$35 Filing Fee			Cer	.75 Filing Fee & tified Copy ditional copy is encl		\$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		Amer Divis Clifto 2661	t Address Indment Section It is in of Corporation In Building Executive Center	r Circle		
			Talla	hassee, FL 32301		



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 13, 2010

SHARON JUNAID 5401 N UNIVERSITY DR STE 102 CORAL GABLES, FL 33067

SUBJECT: ZSUZANNA SEYBOLD, M.D., CHARTERED

Ref. Number: P0000054886

We have received your document for ZSUZANNA SEYBOLD, M.D., CHARTERED and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

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) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 510A00021647

RECEIVED

10 SEP 20 PH 12: 23

SECRETARY OF STATE RORLES

Articles of Amendment to

Ar	ticles of Incorporation of	4.0 6			
ZSUZANNA SEYBOLD, M.D. CHARTERED (Name of Corporation as currently filed with the Florida Dept. of State)					
		OT STATE)			
	00054886 er of Corporation (if known)				
•	• • •				
Pursuant to the provisions of section 607,1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this Florida F	rofit Corporation adopts the			
A. If amending name, enter the new name of the	he corporation:	~			
	SEYBOLD M.D. PA.	The new			
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the doname must contain the word "chartered," "profes	esignation "Corp," "Inc," or "(Co". A professional corporation			
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)				
D. If amending the registered agent and/or registered agent and/or the new register		la, enter the name of the			
Name of New Registered Agent:		_			
New Registered Office Address:	(Florida street address)				
	(City)	, Florida(Zip Code)			
	. •	(with come)			
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: 2nt. I am familiar with and acce	pt the obligations of the position.			

Signature of New Registered 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) Title <u>Name</u> <u>Address</u> Type of Action ☐ Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach udditional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: . (if not applicable, indicate N/A)

The date of each amenda	rent(s) adoption; 4- 1-10
Effective date <u>if applicab</u>	(date of adoption is required)
Effective date it applicate	(no more than 90 days after amendment file date)
Adoption of Amendment	(s) (CHECK ONE)
	s/were adopted by the shareholders. The number of votes cast for the amendment(s) s/were sufficient for approval.
	wwere approved by the shareholders through voting groups. The following statemen vided for each voting group entitled to vote separately on the amendment(s):
"The number of vo	otes cast for the amendment(s) was/were sufficient for approval
· by	"
	(voting group)
action was not required	s/were adopted by the incorporators without shareholder action and shareholder
Dated_C	9/07/2010
Signatur	(By a director, president or other efficer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	ZSUZSANNZ V SEYBOLD
·	(Typed or printed name of person signing)
	PRESIDENT
•	(Title of person signing)