

PD20000074863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

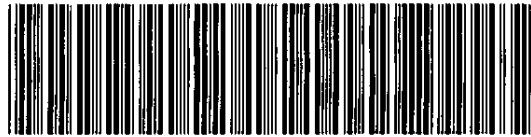
(Business Entity Name)

(Document Number)

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09/08/09--01010--026 **5.00

09/08/09--01010--025 **30.00

Anne

FILED
09 OCT 19 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts OCT 19 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2009

SCOTT WEISELBERG
KOPELOWITZ OSTROW FERGUSON WELSELBERG
200 SW 1ST AVE, STE 1200
FORT LAUDERDALE, FL 33301

SUBJECT: UNIVERSAL KIDNEY CENTER OF DAVIE, INC.
Ref. Number: P02000074863

We have received your document for UNIVERSAL KIDNEY CENTER OF DAVIE, 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):

The document must have original signatures. (attached)

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 709A00030033

10/16/09

Attached please find the original Articles of Amendment with original signatures. Please note that FDOS has already processed the \$35.00 filing fee originally transmitted. I have enclosed a copy of our firm's cancelled check as proof of payment. Thank you!

Cassandra Malliakis
(954) 525-4100

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Universal Kidney Center of Davie, Inc.

DOCUMENT NUMBER: P02000074863

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

Please return all correspondence concerning this matter to the following:

Scott Weiselberg

Name of Contact Person

Kopelowitz Ostrow Ferguson Weiselberg Keechl

Firm/ Company

200 SW 1st Avenue, Suite 1200

Address

Fort Lauderdale, Florida 33301

City/ State and Zip Code

weiselberg@kolawyers.com

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

For further information concerning this matter, please call:

Scott Weiselberg

Name of Contact Person

at (954)

525-4100

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$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

Universal Kidney Center of Davie, Inc.

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

P02000074863

(Document Number of Corporation (if known))

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

E. Angelo Bartolome

2004 N.E. 49th St.

FT. LAUDERDALE, FL 33308

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

E. Angelo Bartolome

2004 N.E. 49th St.

FT. LAUDERDALE, FL 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:

E. Angelo Bartolome

New Registered Office Address:

2004 N.E. 49th St.

(Florida street address)

FT. LAUDERDALE

(City)

Florida 33308

(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

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mr.	Bharat Gupta	4875 NE 20th Terrace Ft. Lauderdale, Florida 33308	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional 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 amendment(s) adoption: August 24, 2009
(date of adoption is required)

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

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):


"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 8/24/09

Signature 
(By a director, president or other officer – 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)

E. Angelo Bartolome
(Typed or printed name of person signing)

TREASURER
(Title of person signing)