

PD5000043412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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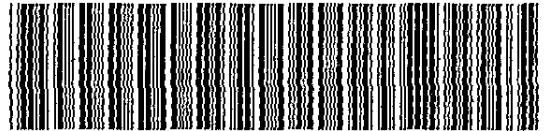
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Kiyner M.D. & Associates Medical Center
DOCUMENT NUMBER: P05000043412

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

Please return all correspondence concerning this matter to the following:

Jaime Rejtman
(Name of Contact Person)

Kiyner M.D. & Associates Medical Center
(Firm/ Company)

4420 Sheridan Street Suite A
(Address)

Hollywood, FL 33021
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Jenny Madrigal at (305) 595-8041
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 19, 2005

Jaime Rejtman
Kijner M.D. & Associates Medical Cntr.
4420 Sheridan Street, Suite A
Hollywood, FL 33021

SUBJECT: KIJNER M.D. & ASSOCIATES MEDICAL CENTER, INC.
Ref. Number: P05000043412

We have received your document for KIJNER M.D. & ASSOCIATES MEDICAL CENTER, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

The current name of the entity is as referenced above. Please correct your document accordingly.

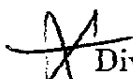
The new name must also contain a corporate suffix such as Inc., Incorporated, Corporation, Corp., Company or Co.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 805A00053022



Articles of Amendment
to
Articles of Incorporation
of

Kijner M.D. & Associates Medical Center, Inc.
(Name of corporation as currently filed with the Florida Dept. of State)

P050000043412

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

M.D. & Associates Medical Center, Inc.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Henry H. Kijner - President / Director - delete
Jaime S. Restman - President / Director - add

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TALLAHASSEE, FLORIDA

(Attach additional pages if necessary)

If an amendment provides for 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: 01, April 2005

Effective date if applicable: 01, April 2005
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were approved 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.

Signed this 01 day of April, 2005

Signature X

(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)

Harry Kijner

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35