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LAW OFFICES OF KENNEDY & ASSOCIATES, P.L.

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- Federal Tax_Counsel to the Firm
 Admitted in Ohio Only, Practice Limited
 To Matters of Federal Tax Law
- ** Also Admitted in Colorado and Montana
- *** Also Admitted in New York and the District of Columbia

July 15, 2005

Secretary of State
Division of Corporations
409 East Gaines Street (32301)
Post Office Box 6327
Tallahassee, FL 32314

Re: A.Rogelio Choy MD PA

Dear Sir or Madam:

Enclosed are one (1) original of the Articles of Amendment for the above referenced corporation.

Please file the original Amendment and return a copy to this office using the enclosed self-addressed, stamped envelope. Also enclosed is a check in the amount of \$35.00 for filling fees.

Please contact me if there is any reason why this request cannot be met promptly. Thank you for your attention to these matters.

Sincerely,

KENNEDY & ASSOCIATES, P.L.

Dana M. Santino

DMS/clr Enc.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	N: A.ROGELIO CHO	Y MD PA	
DOCUMENT NUMBER:	P05000060118		
The enclosed Articles of Am	endment and fee are	submitted for filing.	
Please return all corresponde	nce concerning this r	natter to the following:	
Dana M. Santin			
· · · · · · · · · · · · · · · · · · ·	(Name of C	Contact Person)	•••
Kennedy & Ass	ociates, P.L.		
	(Firm/	Company)	
1675 Palm Beac	ch Lakes Blvd., Suite 70	00	
	(A	ddress)	· · · · · · · · · · · · · · · · · · ·
West Palm Bead	ch, FL 33401		
	(City/ State	and Zip Code)	
For further information conc	erning this matter, ple	ease call:	
Dana M. Santino, Esq.		at (561) 683-24	484
(Name of Contact	Person)	(Area Code & Dayt	ime Telephone Number)
Enclosed is a check for the fo	ollowing amount:		
	75 Filing Fee & ificate 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 Addi Amendment S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7	Street Address Amendment Se Division of Co 409 E. Gaines Tallahassee, FI	ection rporations Street

FILED

Articles of Amendment to Articles of Incorporation of

A.ROGELIO CHOY MD PA

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

P05000060118

(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):

N/A

	- (OTHER THAN NAME CHANGE) Indicate Article Number(s)
and/or Article Title(s) being an	nended, added or deleted: (BE SPECIFIC)
Article IV of the Articles of Income	pration shall be changed to read as follows:
, action 17 of the 7 action of moon pe	The state of the s
Article IV	
	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
The number of shares the corpora	ation is authorized to issue is: 1,000
	And the complete state of the s
	The second secon
=	(Attach additional pages if necessary)

(continued)

The date of each amendment(s) adoption: June 3, 2005.
Effective date if applicable:
(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 20 day of June, 2005. Signature Clayer
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)
A. Rogelio Choy, M.D.
(Typed or printed name of person signing)
director
(Title of person signing)

FILING FEE: \$35