

Division of Corporations

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P05 0000 71664

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380 *

From:

Account Name : FLORIDA HEALTHLAW CENTER
Account Number : 120080000076
Phone : (954) 358-0155
Fax Number : (954) 358-1611

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Trisha@flhealthlaw.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
NEUROORTHOGROUP, P.A.**

Certificate of Status	0
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11 JAN -5 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA*Amend.*

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Neuroorthogroup, P.A.

DOCUMENT NUMBER: P05000071664

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

Please return all correspondence concerning this matter to the following:

Trisha Spiller
Name of Contact Person

Florida Health Law Center, LLC
Firm/ Company

3501 S. University Drive, Suite 10
Address

Davie, FL 33328
City/ State and Zip Code

trisha@flhealthlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Trisha Spiller at (954) 358-0155
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Articles of Amendment
to
Articles of Incorporation
of

Neuroorthogroup, P.A.

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

P05000071664

(Document Number of Corporation (if known))

FILED
11 JAN -5 PM 3:18
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**)

2901 West Cypress Creek Road
Fort Lauderdale, FL 33309

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

2901 West Cypress Creek Road
Fort Lauderdale, FL 33309

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:

2901 West Cypress Creek Road

New Registered Office Address:

(Florida street address)

Fort Lauderdale

(City)

, Florida 33309

(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

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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>
PVD	Steven Gelbard	2901 West Cypress Creek Road Fort Lauderdale, FL 33309	<input type="checkbox"/> Add <input type="checkbox"/> Remove
ST	Steven Gelbard	2901 West Cypress Creek Road Fort Lauderdale, FL 33309	<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)

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The date of each amendment(s) adoption: December 31, 2010

(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 _____

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)

Steven Gelbard

(Typed or printed name of person signing)

President

(Title of person signing)

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