

P080000001091

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04/11/08--01013--025 **52.50

FILED
08 APR 24 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
FEE
4/24/08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: IDL MEDICAL, P.A.

DOCUMENT NUMBER: P08000001091

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

Please return all correspondence concerning this matter to the following:

DIANA GOROKHOVSKY

(Name of Contact Person)

IDL MEDICAL, P.A.

(Firm/ Company)

1830 NW 125 TER

(Address)

PEMBROKE PINES, FL 33028

(City/ State and Zip Code)

For further information concerning this matter, please call:

DIANA GOROKHOVSKY

(Name of Contact Person)

at (305) 725-5529

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2008

DIANA GOROKHOVSKY
1830 NW 125 TERR
PEMBROKE PINES, FL 33028

SUBJECT: IDL MEDICAL, P.A.
Ref. Number: P08000001091

We have received your document for IDL MEDICAL, P.A. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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: 008A00022293

2008 APR 24 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Articles of Amendment
to
Articles of Incorporation
of**

IDL MEDICAL, P.A.

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

P08000001091

(Document number of corporation (if known))

FILED
08 APR 24 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FL 32399

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):

(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)**

Delete Article VII, Title VP. "Igor Shkolnik. 1830 NW 125 Ter, Pembroke Pines, FL 33028"

Amend Article V, Registered Agent from "Igor Shkolnik, 1830 NW 125 Ter, Pembroke Pines, FL 33028" to "Diana Gorokhovsky, 1830 NW 125 Ter, Pembroke Pines, FL 33028"

(Attach additional pages if necessary)

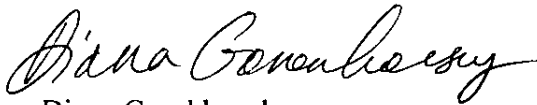
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

N/A

(continued)

Diana Gorokhovsky
IDL MEDICAL, P.A.
1830 NW 125 Ter.
Pembroke Pines, FL 33028
(305) 725-5529

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent for IDL MEDICAL, P.A.

A handwritten signature in cursive script that reads "Diana Gorokhovsky".

Diana Gorokhovsky.

4/18/08

The date of each amendment(s) adoption: 04/08/2008

Effective date if applicable: 04/08/2008
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

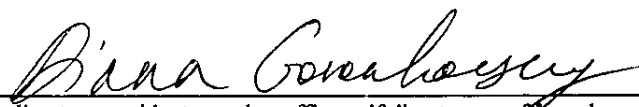
☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ 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.

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)

Diana Gorokhovskiy
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35