

PO900005/204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

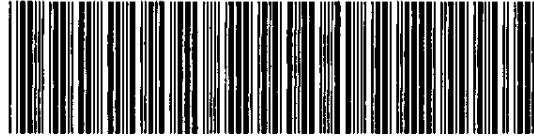
(Document Number)

Certified Copies ☒

Certificates of Status ☐

Special Instructions to Filing Officer:

Office Use Only



700223785367

03/06/12--01022--013 **43.75

Amend/RZ

FILED
2012 APR -3 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 03 2012

T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2012

GANGA MUKKAVILLI, CPA
CPA, TAXES & ASSOCIATES, P.C.
303 FIFTH AVE STE 1205
NEW YORK, NY 10016

SUBJECT: CARDIAC AND VASCULAR CONSULTANTS INC.
Ref. Number: P09000051204

We have received your document for CARDIAC AND VASCULAR CONSULTANTS INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

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) 245-6050.

Tina Roberts
Regulatory Specialist II

Letter Number: 212A00008967

RECEIVED

12 APR -3 AM 9: 33

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

CPAS, Taxes and Associates, P.C.

303 Fifth Avenue, Suite 1205, New York, NY 10016

T: (212) 684-CPAS; F: (212) 684-7905

E-mail: staff@cpasandtaxes.com

March 27, 2012

Tina Roberts
Florida Department of State
Division of corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Cardiac and Vascular Consultants Inc.

Ref. #: P09000051204

Dear Madam

We are responding to your letter (copy enclosed).

Please find enclosed the corrected application with the purpose of the professional association mentioned on page 3 of the application.

Please contact us if you need any further information.

Ganga Mukkavilli, CPA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CARDIAC AND VASCULAR CONSULTANTS, M.D., P.A

DOCUMENT NUMBER: P09000051204

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

Please return all correspondence concerning this matter to the following:

GANGA MUKKAVILLI, CPA
Name of Contact Person

CPA, TAXES & ASSOCIATES, P.C.
Firm/ Company

303 FIFTH AVENUE, SUITE 1205
Address

NEW YORK, NY 10016
City/ State and Zip Code

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

For further information concerning this matter, please call:

MARIA CRISTINA SHEF at (212) 684-2727 EXT 1100
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 type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" 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

Articles of Amendment
to
Articles of Incorporation
of

FILED

CARDIAC AND VASCULAR CONSULTANTS INC.

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

2012 APR -3 PM 4: 39

P09000051204

(Document Number of Corporation (if known))

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:

CARDIAC AND VASCULAR CONSULTANTS M. D., P. A

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SHRIKANTH UPADYA

P. O. BOX 2198

LADY LAKE, FL 32159

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:

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (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, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) _____	_____	_____ _____ _____
2) _____	_____	_____ _____ _____
3) _____	_____	_____ _____ _____
4) _____	_____	_____ _____ _____
5) _____	_____	_____ _____ _____
6) _____	_____	_____ _____ _____

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) _____	_____	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

FILING THE ARTICLES OF AMENDMENT OF THE ARTICLES OF INCORPORATION TO

COMPLY WITH FLORIDA STATUTES TITLE XXXVI CHAPTER 607

DOCTORS' OFFICE (seeing patients)

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: _____

1-8-12

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 X 1/8/2012

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)

H
SRIKANTH UPADYA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)