0000769

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000252233 3)))



H110002522333ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : PAUL SALVER, P.A.

Account Number : I20020000087

Phone

: (954)389-1333

Fax Number

: (954)389-1397

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

Email Address:

တံ QCT 19

COR AMND/RESTATE/CORRECT OR O/D RESIGN ROBERT W. SANTA-CRUZ, M.D., P.A.

والمستقل والمستوال	
Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$43,75

Electronic Filing Menu

Corporate Filing Menu

Articles of Amendment to Articles of Incorporation of

ROBERT W. SANTA-CR		ففالتك بمنسكا إستندان المتناث والسكاء والس	
(Name of Corporation as currently filed w	vith the Florida	Dept. of State)	
P090000769	997		
(Document Number of Corp	oration (if know	n)	
Pursuant to the provisions of section 607.1006, Florida Samendment(s) to its Articles of Incorporation:	itatutes, this Fio	rida Profit Corporation si	lopts the following
A. If amending name, enter the new name of the corpor	ration:		
PREMIER UROLO	GY, P.A.		The new
name must be distinguishable and contain the word "abbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional as	n "Corp," "Inc,"	" or "Co". A professiona	nted" or the corporation
B. Enter new principal office address, if applicable:	·		_ " >-
(Principal office address <u>MUST BE A STREET ADDRES</u>	冠)		
	1		A 8
	<u>_`</u> _		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		·	19 AM
•			8: 00 ORIDA
			3 7 7 7
D. If amending the registered agont and/or registered of new registered agent and/or the new registered office Name of Naw Registered Agent:		Florida, enter the name o	<u>f the</u>
New Registered Office Address: ()	Plorida street ad	dress)	
		, Florida	
(C	City)	(Zip Code)	
New Registered Agent's Signature, if changing Registere is the hope of the appointment as registered agent. I am j		i accept the obligations of t	he position.
Signature of I	New Projetowal	Court if alexander	

Page 1 of 3

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) Type of Action Title Name Address DbA 🗓 Remove □ Add Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here:
(unach additional sheets, (f 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)

The date of each amendmen	t(a) adoption: _	10/14/11
Effective date <u>if applicable</u> :	10/14/11	(date of adoption is required)
	(no more than	90 days after amendment file data)
Adoption of Amendment(s)	Œ	HECK ONE)
The amendment(a) was/we by the shareholders was/w		ne shareholders. The number of votes cast for the amendment(s) or approval.
		the shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amo	endment(s) was/were sufficient for approval
by	(voting group)	38
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by th	ne board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by th	ne incorporators without shareholder action and shareholder
Dated X		0 (15) [[
Signature	/	Gh-Q
sele	cted, by an inco	ident of other officer - if directors or officers have not been proporator - if in the hands of a receiver, trustee, or other court by that fiduciary)
		ROBERT W. SANTA CRUZ
	(T)	yped or printed name of person signing)
		PRESIDENT
	(Title	of person signing)