

P 09 000 100 326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

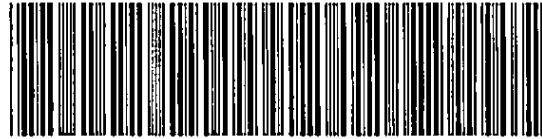
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S TALLENT  
JAN 09 2018

FILED  
18 JAN -8 PM 12:16  
CLERK OF SUPERIOR COURT  
JAN 9 2018

Amend



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 29, 2017

SUSET SANTOS  
GAD RESEARCH  
7490 SW 23RD ST SUITE 201  
MIAMI, FL 33155

SUBJECT: VLADIMIR SANTOS CAPOTE, MD, PA  
Ref. Number: P09000100326

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The current name of the entity is as referenced above. Please correct your document accordingly.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 517A00024065

RECEIVED  
10 JAN -8 PM 3:00  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Vladimir Santos MD PA d.b.a GAD Research

DOCUMENT NUMBER: P09000100326

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

Please return all correspondence concerning this matter to the following:

Suset Santos  
Name of Contact Person  
GAD Research  
Firm/ Company  
7490 SW 23rd St Suite 201  
Address  
Miami, FL 33155  
City/ State and Zip Code  
gad.researchcenter@gmail.com ✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda Benitez at ( 786 ) 615-3013  
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 checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

VLADIMIR SANTOS CAPOTE, MD, PA

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

P09000100326

(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:

**A. If amending name, enter the new name of the corporation:**

N/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)

N/A

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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 N/A

(Florida street address)

New Registered Office Address: N/A, 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, 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)*

*Please note the officer/director title by the first letter of the office title:*

*P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.*

*Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

**Example:**

X Change                      PT              John Doe

X Remove                      V              Mike Jones

X Add                              SV              Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change	D CEO	Suset Santos	7490 SW 23rd St Suite 201
<u>      </u> Add			Miami, FL 33155
<u>      </u> Remove			
2) <u>X</u> Change	D V	Vladimir Santos	6264 SW 31st St
<u>      </u> Add			Miami, FL 33155
<u>      </u> Remove			
3 ) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			
4) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			
5) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			
6) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			

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

*(Attach additional sheets, if necessary). (Be specific)*

Amending Articles of Incorporation as follows:

- Article IV: Shares

(The number of shares of stock is: 95 % Suset Santos / 5% Vladimir Santos)

- Article V: Initial Officers/Directors

(Changing a Director/Officer Title)

**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)*

Suset Santos holds shares of 95 %

Vladimir Santos holds shares 5 %

(Exchanging shares)

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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.

11/09/2017  
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)

Suset Santos

\_\_\_\_\_  
(Typed or printed name of person signing)

Director / CEO

\_\_\_\_\_  
(Title of person signing)