Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850

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From:..

Account Name : KATZ BASKIES LLC

Account Number : 120080000071 Phone : (561)910-5700

Fax Number : (561)910-5701

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April 21, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECKLER HEART CENTER, P.A. 2300 GLADES ROAD 350E BOCA RATON, FL 33431

SUBJECT: SECKLER HEART CENTER, P.A.

REF: P10000021385

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included 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) 245-6957.

Tracy L Lemieux Regulatory Specialist II FAX Aud. #: B10000090301 Letter Number: 210A00009846



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KATZ BASKIES

FAX No. 561 910 5701

P. 003/006

Articles of A		H10000090301 3
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Pursuant to the provisions of section 607.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporat	ion adopts the following
A. If amending name, enter the new name of the corporation	<u>.</u>	2:31 STATE FLORING
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associ	corp," "Inc," or "Co". A profes	sional corporation
B. Enter new principal office address, if applicable:	660 Glades Road	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite # 200	
	Boca Raton, FL 33431	
	. , , , , , , , , , , , , , , , , , , ,	•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	***************************************	
		
D. If amending the registered agent and/or registered office		me of the
new registered agent and/or the new registered office add	11 638:	
Name of New Registered Agent:	•	
New Registered Office Address: (Flori	da street address)	
•	· Tri and dia	
(City)	; Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered A. I hereby accept the appointment as registered agent. I am fami		s of the position.
		
Signature of New	Registered Agent, if changing	

Page 1 of 3

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KATZ BASKIES

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	Signature		<u> </u>		,
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	•	Thomas O.			
		(Typed o	r printed name of person	signing)	
		Inco	porator		
		(Title of pers			