

P10000070887

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

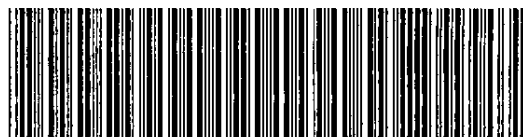
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03/02/11--01019--003 **43.75

FILED
11 APR 22 AM 9:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Amend NC
Tlewis
4-22-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PINNACLE HEALTHCARE, INC

DOCUMENT NUMBER: P10000070887

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

Please return all correspondence concerning this matter to the following:

① ALAN S. LEFKIN
Name of Contact Person

① PINNACLE HEALTHCARE INC
Firm/ Company

① 8061 NW 125th AVE ① TERRACE
Address

① PARKLAND, FLORIDA 33076
City/ State and Zip Code

① naia1057@MSN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

① ALAN S. LEFKIN at (954) 270-0097
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:

☐ \$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

March 4, 2011

ALAN S. LEFKIN
PINNACLE HEALTHCARE, INC
8061 N.W. 125TH TERRACE
PARKLAND, FL 33076

SUBJECT: PINNACLE HEALTHCARE, INC
Ref. Number: P10000070887

We have received your document for PINNACLE HEALTHCARE, INC 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):

When changing the name of a corporation filed pursuant to chapter 607, Florida Statutes, to that of a professional service corporation filed pursuant to chapter 621, Florida Statutes, the specific business purpose must also be added or changed to indicate what type of professional service the corporation will be rendering.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 211A00005402

Articles of Amendment
to
Articles of Incorporation
of

PINNACLE HEALTHCARE INC.

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

P10000070887

(Document Number of Corporation (if known))

FILED
11 APR 22 AM 9:50
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:

PINNACLE HEALTHCARE GROUP PA

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:

8061 NW 125 TERRACE,

(Principal office address **MUST BE A STREET ADDRESS**)

PARKLAND, FL. 33076

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

8061 NW 125 TERRACE,

PARKLAND, FL. 33076

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:

ALAN S. LEFKIN MD.

New Registered Office Address:

8061 NW 125 TERRACE,

(Florida street address)

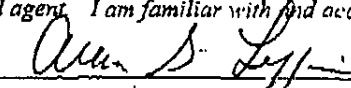
PARKLAND, FL. 33076

(City)

, Florida
(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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PRES</u>	<u>ALAN S. LEFKIN MD</u>	<u>8061 NW 125 TERRACE</u> <u>PARKLAND, FL 33076</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>TINA MOHAMMAD</u>	<u>2310 SE 2ND ST. #2</u> <u>BOYNTON BEACH, FL 33435</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>ALAN S. LEFKIN MD</u>	<u>8061 NW 125 TERRACE</u> <u>PARKLAND, FL 33076</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

(attach additional sheets, if necessary). (Be specific)
SECT. AND TREAS BOTH ADD ALAN LEFKIN, 8061 NW 125 TERRACE PARKLAND, FL

TYPE OF BUSINESS (PURPOSE) TO PROVIDE MEDICAL CARE

REGISTERED AGENT: ALAN S. LEFKIN MD , 8061 NW 125 TERR. PARKLAND, FL. 33076

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)

N/A

The date of each amendment(s) adoption: 4/21/2011

(date of adoption is required)

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):

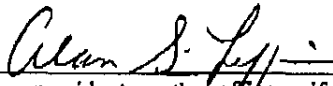
"The number of votes cast for the amendment(s) was/were sufficient for approval

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 4/21/2011

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)

ALAN S. LEFKIN MD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)