P10000079336

(Requestor's Name)	
(Address)	90
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	,
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Amend Mc

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CANTAVE FAMILY MEDICINE, INC. DOCUMENT NUMBER: P100000 79336		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Name of Contact Person NERTCH T. CONZE, ESQ. Name of Contact Person		
Firm/ Company		
KERTCH CONZE, P. A. Firm/Company 3600 Reo Road Suite 402 Address		
MICANAL FLORADA 33025 City/ State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person at (954) 342-9044 Area Code & Daytime Telephone Number		
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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)		
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 2, 2012

KERTCH J. CONZE, ESQ. LAW OFFICES OF KERTCH CONZE, P.A. 3600 RED ROAD, SUITE 402 MIRAMAR, FL 33025

SUBJECT: CANTAVE FAMILY MEDICINE, INC.

Ref. Number: P10000079336

We have received your document for CANTAVE FAMILY MEDICINE, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of conversion is not required to be filed when changing from inc to a professional association.

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.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 612A00017883

Articles of Amendment to Articles of Incorporation

of				
CANTAVE Family	Medicine, INCO			
(Name of Corporation as currently filed with the Florida Dept. of State)				
P10000079336				
(Document Number of Corporation (if k	nown)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i>	anida Profit Comparation adopts the following amont(s) to			
its Articles of Incorporation:	oraca Proja Corporation adopts the following attended to			
A 16 line room and with a room possible communities.				
A. If amending name, enter the new name of the corporation:	3			
name must be distinguishable and contain the word "corporation,"				
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co	o". A professional corporation name must contain the			
word "chartered," "professional association," or the abbreviation "P.	A. "			
B. Enter new principal office address, if applicable:	5311 BUCKHEAD Grale			
(Principal office address MUST BE A STREET ADDRESS)	BOGG RATON FL 3383486			
	DV/4 CH / V/1. + C 528 33 400			
C. Enter new mailing address, if applicable:	501.0			
(Mailing address MAY BE A POST OFFICE BOX)	5311 BUCKHEAD Circle			
	BOCA RADN FL 33486			
	,			
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the			
_	c 0 .120			
	S. CANZE, ESU.			
3600 Rea Rea	1 Sute 402			
3600 Red Road Suite 402 (Florida street address)				
New Registered Office Address: MICAGE	, Florida 33025			
(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.				
(6	ight			
Sig nature 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	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s
1) Change Add Remove		. .		
2) Change Add Remove		_		
3) Change Add Remove		 		
4) Change Add Remove				
5) Change Add Remove		<u> </u>		
6) Change Add Remove			·	

	or adding additional Articles, enter change(s) here: onal sheets, if necessary). (Be specific)
	cle I Shall be Amended to Reflect Correct Name of the Entity as CANTAVE Family
	i Cine, P. A.
710A	icle TIT Shall Be Amended to Reflect the
Q _v	ality Health care to Patients.
provisions fo	nent provides for an exchange, reclassification, or cancellation of issued shares, or implementing the amendment if not contained in the amendment itself: opplicable, indicate N/A)

The date of each amendment(s) add	option: 6-11-14
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) dicient for approval.
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
by	. 22
	(voting group)
☐ The amendment(s) was/were adop action was not required.	sted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder
Dated	7/16/2012
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
-	(Typed or printed name of person signing)
_	President (Title of person signing)