## M055210

	(Requestor's Name)
<del> </del>	(Address)
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	(City/State/Zip/Phone #)
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PICK-L	UP WAIT MAIL
monday	
	(Business Entity Name)
	(Backlede Link, Fallie)
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Certified Copies	Certificates of Status
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February 26, 2024

MARIAHELENA (MARI) MARTINEZ PREMIER PHYSICIAN SUPPORT SERVICES 8000 SW 117 AVE, SUITE 205 MIAMI, FL 33183

SUBJECT: ALL BETTER PEDIATRIC GROUP INC.

Ref. Number: P11000055210

We have received your document for ALL BETTER PEDIATRIC GROUP INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption must be prior to the date that the Dept of State received the amendment in our office (2-23-24). You may use March 12 as the effective date but the date of each amendment(s) adoption must be before Feb 23.

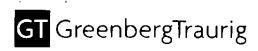
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey OPS

Letter Number: 724A00004123





Sonya C. Penley Tel 850,425,8507 penleys@gtlaw.com

March 26, 2024

<u>VIA HAND DELIVERY</u>

Florida Department of State Division of Corporations 2415 N Monroe St Suite 810, Tallahassee, FL 32303

RE: All Better Pediatric Group Inc.

Ref. Number: P11000055210

To Whom It May Concern:

We are in receipt of your letter, dated February 26, 2024 (copy attached; Letter No. 724A00004123) in which you requested the following correction:

- The date of adoption must be prior to the date that the Dept. of State received the amendment in our office (2-23-24). You may use March 12 as the effective date, but the date of each amendment(s) adoption must be before Feb 23.

See attached revised form confirming adoption of the amendment occurred before amendment filing.

Please contact me at the number below if you need anything further.

Sincerely,

Sonva C. Penlev

S. Feuley

Enclosures

cc: MariaHelena Martinez (w/enel.)

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COL	RPORATION: ALL BETTER PI	EDIATRIC GROUP INC.					
	UMBER:						
	ricles of Amendment and fee are s	ubmitted for filing.					
Please return all	correspondence concerning this m	atter to the following:					
	MariaHelena (Mari) Martino	ez					
		Name of Contact Person					
	Premier Physician Support Services						
	Firn/ Company						
	8000 SW 117 Avc, Suite 20	• •					
		Address					
	Miami, Florida 33183						
		City/ State and Zip Cod	e				
	mmartinez@premierpss.con	1					
		sed for future annual report	notification)				
For further inform	nation concerning this matter, plea ari) Martinez	at ( 352	242-8779				
Na	ame of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a chec	ck for the following amount made						
■ \$35 Filing Fe	ee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is chelosed)	□\$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	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303				

FILED

Articles of Amendment to Articles of Incorporation of 2024 FEB 23 AM 12: 05

SELECTARY OF STATE.

ALL BETTER PEDIATRIC GROUP INC.

(Name of Corporation as currently filed with the Florida Dept. of State)
Pt1000055210
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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)
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 address in Florida, enter the name of the new registered affice address:
Name of New Registered Agent Michael A. Sama MD
8000 SCO 11748 ALROW, SLICE 205 (Florida sneel address)
New Registered Office Address: (City) Florida 33/83 (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.
$\rho$
water and the same of the same
Signature of New Registered Agent, if changing
_

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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 Doc			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>\$V</u>	Sally Smith			
Type of Action (Check One)	Title	Name	Address		
I) Change	CEO	Michael A. Sama, M.D.	8000 SW 117th Ave, Suite 205		
X Add		<del>, _</del>	Miami, FL 33183		
Remove					
2) Change	۷P	Joseph Walter	777 Brickell Ave, Suite 1090		
X Add			Miami, FL 33131		
Remove Change	PTD	Renato Berger Revocable Living Trus	3751 NW 27th Terrace		
			Pompano Beach, FL 33064		
X Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
(Change	<del></del>				
Remove					

(Attach additional sheets, if necessary).	(ве гресую)
If an amendment provides for an excha	auge, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(ij noi appacable, maicale N/A)	
	***

The date of each amenda	2/22/24	, if other than the
date this document was sig		, if older than the
Effective date <u>if applicab</u>		
	(no more than 90 days after amendment file date)	<del></del>
	in this block does not meet the applicable statutory filing requirements, this date won the Department of State's records.	ill not be listed as the
Adoption of Amendment(	(s) (CHECK ONE)	
The amendment(s) was/ action was not required.	/were adopted by the incorporators, or board of directors without shareholder action as	nd shareholder
	/were adopted by the shareholders. The number of votes east for the amendment(s) s/were sufficient for approval.	
	twere approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):	
"The number of vo	otes cast for the amendment(s) was/were sufficient for approval	
Бу	n	
	(voting group)	
Dated	3/25/24	
Signature	(By a directo Arestoen for other officer – if directors or officers have not been	
	selected, by antinographic - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Michael A. Sama, M.D.	
	(Typed or printed name of person signing)	<del></del>
	CEO	
	(Title of person signing)	