P12000005437

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700339869707

02/03/20--01023--016 *•55.00

20 FEB -3 PM 9: 20



COVER LETTER

TO: Amendment Section

Division of Corporations

20 (3) 27 2.20 NAME OF CORPORATION: & JORGE SZAUER MDPA P1200000 5437 DOCUMENT NUMBER: _____ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RETER FELDMAN GO Name of Contact Person Firm/ Company

7865 Cones Aldress

Boynton BCH FL 33473

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PETER FELDMEN at (861) 767-6870

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: S35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

to rticles of Incorporatio

Articles of Incorporation of

· JORGE SZAUER	M.D. PA.
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P 1200000 54 3°	7
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendm
A. If amending name, enter the new name of the corporation:	
	The ne
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the wor
B. Enter new principal office address, if applicable:	5130 Linton BLVD
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	suite 61
	DelRAY BCH, FZ 33484
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5130 Linton Blub
	Slack G1
	DelRay BCH FZ 33484
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	
Name of New Registered Agent PETER F	
7865 Emce	MID WINDS CIR
New Registered Office Address: Boynton	B C 1-1 , Florida 33 4 7 3 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent thereby accept the appointment as registered agent. I am familiar	
Signature of New	Registered Agent, if changing

Check if applicable

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

address of each Officer (Attach additional sheets Please note the officer/d P = President; V= Vice Executive Officer; CFO President, Treasurer, Di Changes should be noted a change, Mike Jones le Mike Jones, V as Remov	and/or I s, if neces irector tit Presiden = Chief F rector wa d in the fa	Director being added: sary) le by the first letter of the office title: t; T= Treasurer; S= Secretary; D= Dire inancial Officer. If an officer/director he uld be PTD. llowing manner. Currently John Doe is vorporation, Sally Smith is named the V of	each officer/director being removed and title, name, and ector: TR= Trustee; C = Chairman or Clerk; CEO = Chief olds more than one title, list the first letter of each office held. listed as the PST and Mike Jones is listed as the V. There is and S. These should be noted as John Doe, PT as a Change,
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>	<u>Name</u>	<u>Addres</u> s
1) X Change	VP	Jorge SZA	UER 9750 NW 33CD St.
Add		J	Suite 201
Remove			COTAL Springs Fe 33065
2) Change	P	Eugenio Roba	
X Add		•	Suite G1

DelCAY BCH FL 33484

Remove 3) ____ Change

____ Add

4) ____ Change

____ Add

5) ____ Change

_____ Add

6) ____ Change

____ Add

___ Remove

____ Remove

____ Remove

____ Remove

	icles, enter change(s) here: (Be specific)
	the state of the s
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ndment if not contained in the amendment itsen:

.

.

Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloodocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopaction was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
☐ The amendment(s) was/were appromust be separately provided for a	roved 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 f	or the amendment(s) was/were sufficient for approval
by	
by	(voting group)
Dated/_	157
Dated/2 Signature(By a displayed	29/2020
Dated/2 Signature(By a displayed	rector, 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