P12000031636

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	<u>, </u>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	·)
(Do	cument Number)	
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COVER LETTER

Division of Corporations NAME OF CORPORATION: SUSAN LURIE, M.D., P.A. P12000031636 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sandra P. Greenblatt, Esq. Name of Contact Person Sandra Greenblatt, P.A. Firm/ Company 201 S. BISCAYNE BLVD #1730 Address Miami, FL 33131 City/ State and Zip Code sg@flhealthlawyer.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sandra P.Greenblatt, Esq. Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** 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)

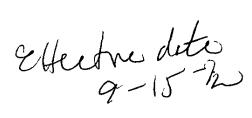
Mailing Address

TO: Amendment Section

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

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the SUSAN LURIE, M.D., P.A.	Florida Dept. of State)		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
N/A	The new		
name must be distinguishable and contain the word "corporation" "Corp" "Inc.," or Co" or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	960 W. 41st Street		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 208		
	Miami Beach, FL 33140		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	960 W. 41st Street		
	Suite 208		
	Miami Beach, FL 33140		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	lress in Florida, enter the name of the		
Name of New Registered Agent n/a	FG 7		
mane of then Registered Agent	A ALLES		
(Florida st	reet address)		
New Registered Office Address: n/a	, Florida		
(City,	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t <u>:</u> 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)

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 <math>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>	<u>Name</u>	<u>Addres</u> s
1) Change		n/a	
Add			
Remove			
2) Change		n/a	
Add			
Remove			
3) Change			
Add	٠		
Remove			
4) Change		_	
Add			
Remove			
E) Charrie			
5) Change Add			
Remove			
Kemove			
6) Change			
Add			
Remove			

(Attach addition	al sheets, if necess	al Articles, enter charge. (Be specific	nange(s) here:			
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provisions for	ent provides for a implementing the olicable, indicate N	n exchange, reclass e amendment if no //A)	ification, or can t contained in th	cellation of issued e amendment itse	<u>d shares.</u> elf:	
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The date of each amendment(s) adoption: 8/22/12
Effective date if applicable: 9/15/12
(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)
(voing 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_8/28/12
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)
Susan Lurie, M.D.
(Typed or printed name of person signing)
President
(Title of person signing)