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## COR AMND/RESTATE/CORRECT OR O/D RESIGN ALL-PRO ORTHOPEDICS AND SPORTS MEDICINE P.A.

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ALL-PRO ORT	HOPEDICS AND SPO	ORTS MEDICINE, P.A.
DOCUMENT NUMI	P1200008048	88	·
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	MAX A. ADAMS,	ESQ.	
	LAW OFFICES C	Name of Contact Person OF MAX A ADAN	•
	325 ALMERIA A	Firm/ Company VENUE	
	CORAL GABLES	Address 6, FLORIDA 331	34
		City/ State and Zip Cod	•
info	@themedilawfirm	ocom ocd for future annual report	nolification)
For further information	n concerning this marter, pleas	se call:	
Max Adams		at (305	444-3484
Name (	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	artment of State:
☑ \$35 Filing Fec	☐\$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)
Ame Divis P.O.	ing Address Indiment Section Sion of Corporations Box 6327 thassee, F1. 32314	Amend Divisio Clinon 2661 E	Address  ment Section  n of Corporations  Building  xecutive Center Circle  ssee, FL 32301

## Articles of Amendment to Articles of Incorporation

## Of ALL-PRO ORTHOPEDICS AND SPORTS MEDICINE, P.A. (Name of Corporation as currently filed with the Ploride Dept. of State) P12000080488

(Document Number of Corporation (If known)

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 n	me of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "charured," "professional associa	iation "Corp." "Inc." or "Co".	. A professional corpora	The new proted" or the abbreviation pilan name must contain the
B. Enter new principal office address. (Principal office address MUST BE A S			
C. Enter new mailing address, if applications address MAY BE A POST			
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent		<u> </u>	ne of the
	325 Almeria Aveni	ie	
	(Florida street a	(dress)	
New Registered Office Address.	Coral Gables	. Florida	33134
	(City)		(Zip Code)
New Revistered Agent's Signature, if c	hanging Registered Agents  pred agent, I am familiar with a  Color Es, -  enature of New Registered Agen.	_	TALL AHASSE

R 24 AMII: I ETARY OF STAT HASSEF, FLOR

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If amending the Officers and/or Directors, enter the title and asme 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 Clork; 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, Transurer, 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, Salty Smith is named the V and S. These should be noted as John Dou, PT as a Change, Mike Jones, V as Remova, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	PI	John Doc	
X Remove	v	Mike lones	
X Add	<u>sv</u>	Saily Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> 8
1) Change	VP	ZISHOLTZ, AMY S	17779 SW 2nd Street
Add Remove		,	Pembroke Pines, FL. 33025
2) Change	<del></del>		
Remove 3) Change			
Remove			
4) Change Add Remove			
5) Change			
Remova  O) Change  Add			
Remove			

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f <u>emending or adding additional Acti</u> Attach additional sheets, if necessary).	(Be specific)	
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	<del></del>	
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	nance, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:	
		_

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The date of such amundment(s) adoption: March 23, 2015	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	. <b></b> -
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(5) was/were approved by the sharcholders 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 <sup>\\\</sup>	
(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 March 23, 2015	
Signature Macada—	
(By a director, president or other officer - if directors or officers have not been	<del>_</del>
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
MAX A. ADAMS, ESQ.	
(Typed or printed name of person signing)	_
Registered Agent/Attorney	
(Title of person staning)	_

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