

P14000003363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

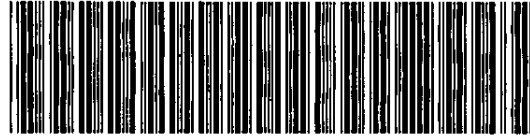
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700265152577

10/08/14--01013--003 **35.00

14 OCT -8 AM 8:08
SECRETARY OF STATE
DIVISION OF CORPORATIONS

C. Lewis
10-17-14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Perraud & Antosek, FAA Medicine, P.A.
DOCUMENT NUMBER: P14000003363

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Antoinette Kelly

Name of Contact Person

Antosek, FAA Medicine, P.A.

Firm/ Company

10001 NW 50th Manor

Address

Coral Springs FL 33076

City/ State and Zip Code

edantosek@mac.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

L. Edward Antosek at (843) 368-0369
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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Perraud & Antosek, FAA Medicine, P.A.

14 OCT -8 AM 8:08

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000003363

(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 name of the corporation:

Antosek, FAA Medicine, P.A.

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)

10001 NW 50th Manor

Coral Springs FL 33076

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent L. Edward Antosek

10001 NW 50th Manor

(Florida street address)

New Registered Office Address: Coral Springs, Florida 33076

(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.

L. Edward Antosek

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 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 Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) <input type="checkbox"/> Change	<u>ST</u>	<u>Bruce Perraud</u>	<u>3165 Daive Blvd</u>
<input type="checkbox"/> Add			<u>Ft. Lauderdale, FL 33312</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>ST</u>	<u>Antoinette Kelly</u>	<u>10001 NW 50th Manor</u>
<input checked="" type="checkbox"/> Add			<u>Coral Springs, FL 33076</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>L. Edward Antosek</u>	<u>10001 NW 50th Manor</u>
<input type="checkbox"/> Add			<u>Coral Springs, FL 33076</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>P</u>	<u>George O. Perraud, Jr.</u>	<u>3165 Davie Blvd</u>
<input type="checkbox"/> Add			<u>Ft. Lauderdale FL 33312</u>
<input checked="" type="checkbox"/> Remove			<u>(deceased)</u>
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

See attached Minutes of Special Meeting

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

Pursuant to the Shareholder Agreement L. Antosek now owns one hundred percent (100%) of the shares of the Association by virtue of George O. Perraud, Jr., demise and all other condition precedents were rendered null and void by the failure to enter into a timely agreement.

The date of each amendment(s) adoption: 10/1/2014 if other than the date this document was signed. FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Effective date if applicable: 10/1/2014 14 OCT -8 AM 8:08
(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)

☒ 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 10/1/2014

Signature L. Edward Antosek
(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)

L. Edward Antosek

(Typed or printed name of person signing)

President

(Title of person signing)

**Minutes of Special Meeting
Board of Directors
Perraud & Antosek, FAA Medicine P.A.**

Whereas, a special meeting of the Board of Directors of Perraud & Antosek, FAA Medicine P.A., in Florida Professional Association, was duly called by its director who consented and waived notice, on October 1, 2014 in Ft. Lauderdale, FL.

Whereas, there being only one duly elected director of the Professional Association, Dr. L. Edward Antosek, following the demise of Dr. George O. Perraud Jr., his presence, consent and action duly constituted all prerequisites needed for the business of the Board to be conducted.

The following resolutions were duly offered, adopted and validly enacted to take effect on October 1, 2014:

Resolved, that L. Edward Antosek is elected to serve as President of the Professional Association until such time as his successor may be duly elected to succeed him;

It is further resolved that Antoinette Kelly is elected to serve as Secretary Treasure of the Professional Association, replacing Bruce Perraud who will no longer serve as an officer of the Professional Association, effective immediately;

It is further resolved that Bruce Perraud shall no longer serve as a Registered Agent of the Professional Association and shall be replaced by L. Edward Antosek as said Registered Agent for the Professional Association ;

It is further resolved that "Perraud and Antosek, FAA Medicine P.A.", shall no longer be the name of the Professional Association, effective immediately, the name is changed to "Antosek FAA Medicine P.A."

Be it further resolved that L. Edward Antosek is authorized and empowered to modify the banking account records, and other business records of the Professional Association to reflect changes in its officers including, the substitution of Antoinette Kelly, as the duly elected Secretary Treasure.

There being no further business to come before the Board, the meeting was duly adjourned. Dated this first day of October, 2014 in Ft. Lauderdale, Florida.

In Witness Whereof I have hereunto set my hand and affixed the seal of the Professional Association this first day of October, 2014.


Antoinette Kelly, Secretary Treasure


L. Edward Antosek, Director

FL

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

FL

OFFICE of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2014074826

DATE ISSUED: May 30, 2014

DECEDENT INFORMATION

STATE FILE DATE: May 29, 2014

NAME: GEORGE OSCAR PERRAUD JR

DATE OF DEATH: May 21, 2014

SEX: MALE

SSN: 128-14-1373

AGE: 090 YEARS

DATE OF BIRTH: September 28, 1923

BIRTHPLACE: BOSTON, MASSACHUSETTS, UNITED STATES

PLACE OF DEATH: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 6221 ALMOND TERRACE

LOCATION OF DEATH: PLANTATION, BROWARD COUNTY, 33317

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SPOUSE (IF FEMALE, MAIDEN NAME): LILY BELLE MARIE CALAIS

RESIDENCE: 6221 ALMOND TERRACE, PLANTATION, FLORIDA 33317, UNITED STATES

COUNTY: BROWARD

OCCUPATION, INDUSTRY: DOCTOR, MEDICINE

RACE: ☒ White ☐ Black or African American ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Native Hawaiian ☐ Japanese ☐ Korean
☐ American Indian or Alaskan Native-Tribe ☐ Vietnamese ☐ Other Asian
☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Is. ☐ Other ☐ Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE

EVER IN U.S. ARMED FORCES? YES

PARENTS AND INFORMANT INFORMATION

FATHER: GEORGE OSCAR PERRAUD SR

MOTHER: BEVERLY MARTIN

INFORMANT: LILY BELLE PERRAUD

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 6221 ALMOND TERRACE, PLANTATION, FLORIDA 33317, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: LAUDERDALE MEMORIAL PARK

FORT LAUDERDALE, FLORIDA

METHOD OF DISPOSITION: BURIAL

FUNERAL DIRECTOR/LICENSE NUMBER: NATALIE A. CLINK, F048938

FUNERAL FACILITY: T M RALPH PLANTATION FUNERAL HOME F040394

7001 NW 4TH STREET, PLANTATION, FLORIDA 33317

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 1138

CERTIFIER'S NAME: PAUL LOUIS ROZYNES

CERTIFIER'S LICENSE NUMBER: ME20116

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - and Approximate Interval: Onset to Death:

a BLADDER CANCER

b CONGESTIVE HEART FAILURE

c VALVULAR HEART DISEASE

d ATHEROSCLEROSIS

PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in PART I:

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN

REASON FOR SURGERY:

IF FEMALE, NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 hr):

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, Status of Decedent:

Type of Vehicle:

State Registrar

REQ: 2014023701

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.

DH FORM 1947 (11/11)

CERTIFICATION OF VITAL RECORD

HEALTH