

P22000014473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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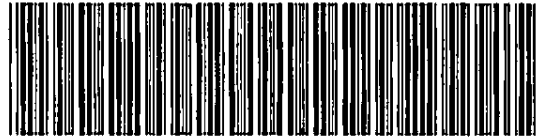
(Business Entity Name)

(Document Number)

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2022 MAR 31 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FL

cf 4/17/2022

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: GOLD STAR PERDIATRICS, PA

DOCUMENT NUMBER: P22000014473

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

Please return all correspondence concerning this matter to the following:

JIGNESH PATEL  
Name of Contact Person  
GOLD STARD PEDIATRICS, PA  
Firm/ Company  
3149 BOBCAT VILLAGE CENTER ROAD 14  
Address  
NORTH PORT, FLORIDA 34288  
City/ State and Zip Code  
DRPATEL@GOLDSTARPED.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JIGNESH PATEL at ( 732 ) 309-1292  
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 type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|---|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



## **GOLD STAR PEDIATRICS, P.A.**

ADDRESS: 3149 Bobcat Village Center Rd. 14, North Port,  
FL 34288

PHONE: 941-266-5629

EMAIL: [info@goldstarped.com](mailto:info@goldstarped.com)

TO: FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Please see the attached documents to change the primary address of Gold Star Pediatrics, PA to  
3149 BOBCAT VILLAGE CENTER RD 14, NORTH PORT, FLORIDA 34288

THANK YOU.

A handwritten signature in black ink, appearing to read "Dr. Patel", written over the "THANK YOU." text.

-DR. PATEL

my cell is 732 3091292

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

GOLD STAR PEDIATRICS, PA

2022 MAR 31 AM 8:16

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

P22000014473

SECRETARY OF STATE  
TALLAHASSEE, FL

(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:

N/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)

3149 BOBCAT VILLAGE CENTER ROAD 14

NORTH PORT, FLORIDA 34288

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

1400 LAKE BREEZE CT, NORTH PORT FL

34291

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 N/A

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(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.

N/A

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.

*(Attach additional sheets, if necessary)*

*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.*

**Example:**

<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>
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         Remove \_\_\_\_\_

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

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

N/A Not adding any articles

**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)*

N/A

MARCH 25, 2022

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: Not applicable  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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)

MARCH 25, 2022  
Dated \_\_\_\_\_

Signature Jignesh Patel  
(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)

DR. JIGNESH PATEL

\_\_\_\_\_  
(Typed or printed name of person signing)

CEO AND OWENER OF GOLD STAR PEDIATRICS, PA

\_\_\_\_\_  
(Title of person signing)