

P23000053994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

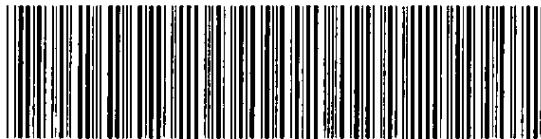
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100413199391

09/04/20--01008--008 \$45.00

2021-09-11 11:15
M

mc



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2023

RYAN ROSEN
8198 KENDRIA COVE TERR
BOYNTON BEACH, FL 33473

SUBJECT: DIVERSE MEDICAL PROFESSIONALS, P.A.
Ref. Number: P23000053994

We have received your document for DIVERSE MEDICAL PROFESSIONALS, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please ensure that you date and sign the last page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 723A00019794

REC'D
FLS
8/22/23
CPL

RECEIVED
SEP 22 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DIVERSE MEDICAL PROFESSIONALS PA

DOCUMENT NUMBER: P23000053994

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

Please return all correspondence concerning this matter to the following:

RYAN ROSEN

Name of Contact Person

DIVERSE MEDICAL PROFESSIONALS PA

Firm/ Company

8198 Kendria Cove Terr

Address

BOYNTON BEACH, FL 33473

City/ State and Zip Code

ryanrosen834@yahoo.com

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

For further information concerning this matter, please call:

TERENCE F BRENNAN

at (407) 810-5215

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:

\$35 Filing Fee

\$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)

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

REC'D
SERIALIZED
FILED
11/11/2005
CLERK
FLORIDA
STATE
DEPARTMENT
OF
CORPORATIONS

Articles of Amendment
to
Articles of Incorporation
of

DIVERSE MEDICAL PROFESSIONALS PA

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

P23000053994

(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)

1200 S FEDERAL HWY

STE 302

BOYNTON BEACH, FL 33435

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1200 S FEDERAL HWY

STE 302

BOYNTON BEACH, FL 33435

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

N/A

(Florida street address)

New Registered Office Address: N/A

(City)

Florida N/A

(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.

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 PTD 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) <u>N/A</u> Change	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u> Add			<u>N/A</u>
<u>N/A</u> Remove			<u>N/A</u>
2) <u>N/A</u> Change	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u> Add			<u>N/A</u>
<u>N/A</u> Remove			<u>N/A</u>
3) <u>N/A</u> Change	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u> Add			<u>N/A</u>
<u>N/A</u> Remove			<u>N/A</u>
4) <u>N/A</u> Change	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u> Add			<u>N/A</u>
<u>N/A</u> Remove			<u>N/A</u>
5) <u>N/A</u> Change	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u> Add			<u>N/A</u>
<u>N/A</u> Remove			<u>N/A</u>
6) <u>N/A</u> Change	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u> Add			<u>N/A</u>
<u>N/A</u> Remove			<u>N/A</u>

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

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

THESE ARTICLES OF AMENDMENT ARE SUBMITTED TO CHANGE THE ZIP CODE AS LISTED ON ARTICLES

II AND ARTICLES III OF THE ARTICLES OF INCORPORATION FOR DIVERSE MEDICAL PROFESSIONALS PA.

THE ARTICLES SUBMITTED ON JULY 20, 2023 PROVIDE THE FOLLOWING ADDRESS WITH THE INCORRECT

ZIP CODE FOR THE ENTITY: 1200 S FEDERAL HWY SUITE 302 BOYNTON BEACH, FL 33454.

THE CORRECT ADDRESS IS: 1200 S FEDERAL HWY STE 302 BOYNTON BEACH, FL 33435.

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)

114

卷之三

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

07/31/2023

Effective date if 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)

Dated 9-15-2023

Signature Ryan Rosen

(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)

Ryan Rosen
(Typed or printed name of person signing)

Sole member / owner
(Title of person signing)

100-111-005
100-111-005
100-111-005