

P24 0000 67728

117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

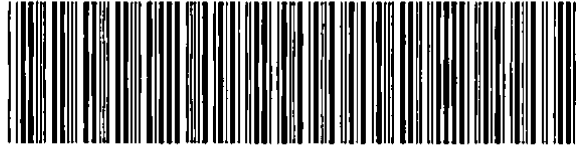
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

Amendment Section
Division of Corporations

NAME OF CORPORATION: Mark Shusterman MD PA

DOCUMENT NUMBER: P24000067728

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

Please return all correspondence concerning this matter to the following:

Marty Davis
Name of Contact Person
Legal Solutions group PL
Firm/ Company
110 E Broward Blvd #1700
Address
Fort Lauderdale, FL 33301
City/ State and Zip Code
Mdavis@legalsolutionsgrp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marty Davis at (305) 457-6473
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

Articles of Amendment
to
Articles of Incorporation
of

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

rk Shusterman MD PA

(Document Number of Corporation (if known))

uant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to Articles of Incorporation:

If amending name, enter the new name of the corporation:

rk Schusterman MD PA

The new

ne must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "ic.," 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."

Enter new principal office address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

UPS

P O Box 449 1825 Ponce De Leon Blvd

Coral Gables, FL 33134

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TALLAHASSEE, FL

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

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

ending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and
ress of each Officer and/or Director being added:

ach additional sheets, if necessary)

se note the officer/director title by the first letter of the office title:

President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief
cutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held.
ident, Treasurer, Director would be PTD.

nges 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
ange, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change,
e Jones, V as Remove, and Sally Smith, SV as an Add.

ample:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
<input type="checkbox"/> Change	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Add	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Change	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Add	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Change	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Add	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Change	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Add	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Change	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Add	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

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)

date of each amendment(s) adoption: 11/8/2024 if other than the
this document was signed.

effective date if applicable: _____
(no more than 90 days after amendment file date)

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

option 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 11/8/2024

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)

Mark Schusterman

(Typed or printed name of person signing)

President

(Title of person signing)