

P94000020451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

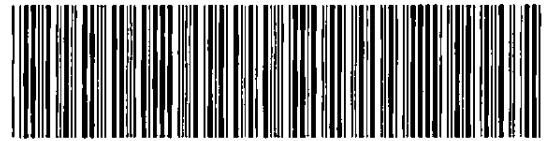
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200439557212

*Amend*

2024 DEC 10 AM 10:55

A. RAMSEY

DEC 13 2024

2024 DEC 12 AM 9:33

FILED

*00611*  
*\*02250, 00524, 00671*

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account I20210000160: \$35.00

Authorization Signature *S. M. Teller*

Comprehensive Breast Care Centers, Inc. P94000020451

☐ Walk in

☐ Will wait

☐ Certified Copies of the Articles of Incorporation

☐ Certificate of Status

#### NEW FILINGS

☐ Profit  
☐ Not for Profit  
☐ LLC  
☐ Domestication  
☐ INC  
☐ CORP  
☐ OTHER

#### AMENDMENTS

☒ Amendment  
☐ Resignation of R.A.  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Conversion  
☐ Statement of Authority  
☐ Merger  
☐ Amended and Restated Articles

#### OTHER FILINGS

☐ Annual Report  
☐ Fictitious Name  
☐ Statement of Authority  
☐ APOSTIL                     

                     COUNTRY

#### REGISTRATION/QUALIFICATIONS

☐ Foreign Filing  
☐ Partnership  
☐ Reinstatement  
☐ CORRECTION for a LLC  
☐ Domestication of a Foreign Corp.  
                     Other

EXAMINER'S INITIALS:



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 11, 2024

FLORIDA CAPITAL COURIER SERVICES, INC.

TALLAHASSEE, FL 32309

SUBJECT: COMPREHENSIVE BREAST CARE CENTERS, INC.  
Ref. Number: P94000020451

We have received your document for COMPREHENSIVE BREAST CARE CENTERS, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

*new*  
The registered agent must sign accepting the designation.

Please have Yael Fraynd sign the amendment as the director in the space provided at the bottom of page 4. Please check only ONE box under adoption of amendment.

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.

Annette Ramsey  
OPS

Letter Number: 224A00026805

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: COMPREHENSIVE BREAST CARE CENTERS, INC.

DOCUMENT NUMBER: 194000020451

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

Please return all correspondence concerning this matter to the following:

Amanda G. Nordelo

Name of Contact Person

Jonathan H. Green & Associates, P.A.

Firm/ Company

901 Ponce De Leon Blvd, Suite 601

Address

Coral Gables, FL 33134

City/ State and Zip Code

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

For further information concerning this matter, please call:

Amanda G. Nordelo

Name of Contact Person

at ( 305 )

372-5100

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

FILED

2024 DEC 12 AM 9: 35

COMPREHENSIVE BREAST CARE CENTERS, INC.

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

P94000020451

(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:

*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)

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 FRAYND, PAUL  
1380 N.E. Miami Gardens Drive, Suite 105  
(Florida street address)

New Registered Office Address: North Miami Beach, Florida 33179  
(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.*

*Paul Fraynd*

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.

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>D</u>	<u>FRAYND, GERMAN</u>	<u>1380 N.E. Miami Gardens Drive</u>
<input type="checkbox"/> Add			<u>Suite 105</u>
<input checked="" type="checkbox"/> Remove			<u>North Miami Beach, FL 33179</u>
2) <input type="checkbox"/> Change	<u>D</u>	<u>FRAYND, PAUL</u>	<u>1380 NE Miami Gardens Drive</u>
<input checked="" type="checkbox"/> Add			<u>Suite 105</u>
<input type="checkbox"/> Remove			<u>North Miami Beach, FL 33179</u>
3) <input type="checkbox"/> Change	<u>D</u>	<u>FRAYND, Yael</u>	<u>1380 NE Miami Gardens Drive</u>
<input checked="" type="checkbox"/> Add			<u>Suite 105</u>
<input type="checkbox"/> Remove			<u>North Miami Beach, FL 33179</u>
4) <input type="checkbox"/> Change	<u>D</u>	<u>MARIN, DIANA</u>	<u>1380 NE Miami Gardens Drive</u>
<input checked="" type="checkbox"/> Add			<u>Suite 105</u>
<input type="checkbox"/> Remove			<u>North Miami Beach, FL 33179</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			

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

(if not applicable, indicate N/A)

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

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)

11/26/2024  
Dated \_\_\_\_\_

Signature Yael Fraynd  
(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)

Yael Fraynd

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

Director

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