

P94000067759

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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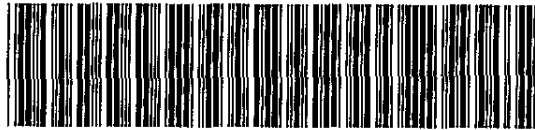
(Business Entity Name)

(Document Number)

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06 MAY -4 PM 3:39  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

11x N.C.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Vein Centre of the Palm Beaches, Inc

**DOCUMENT NUMBER:** P94000067759

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

Please return all correspondence concerning this matter to the following:

Zoraida Catherine Navarro MD

(Name of Contact Person)

Vein Centre of the Palm Beaches, Inc

(Firm/ Company)

2090 Palm Beach Lakes Blvd Suite 501

(Address)

West Palm Beach, Florida 33409

(City/ State and Zip Code)

For further information concerning this matter, please call:

Zoraida Catherine Navarro MD

(Name of Contact Person)

at ( 561 ) 478-2353

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 28, 2006

ZORAIDA CATHERINE NAVARRO MD  
VEIN CENTRE OF THE PALM BEACHES, INC.  
2090 PALM BEACH LAKES BLVD., STE. 501  
WEST PALM BEACH, FL 33409

SUBJECT: VEIN CENTRE OF THE PALM BEACHES, INC.  
Ref. Number: P94000067759

We have received your document for VEIN CENTRE OF THE PALM BEACHES, INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption of each amendment must be included in the document.

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) 245-6878.

Alan Crum  
Document Specialist

Letter Number: 306A00029634

Articles of Amendment  
to  
Articles of Incorporation  
of

Vein Centre of the Palm Beaches, Inc

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

P 94 000067759

(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:

**NEW CORPORATE NAME (if changing):**

Dr. Navarro's Vein Centre of the Palm Beaches, Inc

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

CLERK OF THE  
SOLICITOR GENERAL  
TALLAHASSEE, FLORIDA

06 MAY -4 PM 3:39

FILED

The date of each amendment(s) adoption: 04-03-06

Effective date if applicable: 04-03-06  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were approved 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.

Signature

Zoraida Navarro MD  
(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)

Zoraida Catherine Navarro MD

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE: \$35**