

P95000031873

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

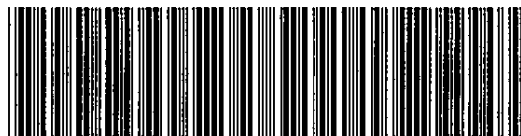
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Amns

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts NOV 12 2010

ROBERT S. KLEINMAN, P.A.

Attorney at Law

1701 WEST HILLSBORO BOULEVARD

SUITE 207

DEERFIELD BEACH, FLORIDA 33442

Board Certified
Real Estate Lawyer

(954) 428-5838

FAX
(954) 428-0294

VIA FEDEX

November 8, 2010

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Southeast Neurology Group, P.A.
Document No. P950000318783

Gentlemen:

Enclosed please find:

1. Cover Letter;
2. Original and Copy of Articles of Amendment to Articles of Incorporation of Southeast Neurology Group, P.A.; and
3. My Trust Account Check #27617 in the amount of \$52.50 for the Filing Fee, Certificate of Status and Certified Copy.

Kindly forward the Certificate of Status and Certified Copy to me in the enclosed self-addressed stamped envelope.

Thank you.

Sincerely yours,



ROBERT S. KLEINMAN

RSK/bh

Encl.

cc: Dr. Sue Levy
Mr. Michael Simches

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SOUTHEAST NEUROLOGY GROUP, P.A.

DOCUMENT NUMBER: P95000031873

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

Please return all correspondence concerning this matter to the following:

ROBERT S. KLEINMAN, ESQ.

Name of Contact Person

ROBERT S. KLEINMAN, P.A.

Firm/ Company

1701 West Hillsboro Blvd., Suite 207

Address

Deerfield Beach, FL 33442-1566

City/ State and Zip Code

drsue10@hotmail.com

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

For further information concerning this matter, please call:

ROBERT S. KLEINMAN, ESQ.

Name of Contact Person

at (954)

428-5838

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

SOUTHEAST NEUROLOGY GROUP, P.A.

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

P95000031873

(Document Number of Corporation (if known))

FILED
10 NOV -9 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

9750 N.W. 33rd Street

Suite 107

Coral Springs, FL 33065

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

9750 N.W. 33rd Street

Suite 107

Coral Springs, FL 33065

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: SUSAN LEVY

9750 N.W. 33rd Street, Suite 107

New Registered Office Address: (Florida street address)

Coral Springs, Florida 33065

(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.

Susan Levy
Signature of New Registered Agent, *(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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PSD	SUSAN LEVY	9750 N.W. 33rd Street Suite 107 Coral Springs, FL 33065	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
PD	GEORGE G. LEVY	9750 N.W. 33rd Street Suite 107 Coral Springs, FL 33065	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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)

The date of each amendment(s) adoption: October 31, 2010
(date of adoption is required)

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

Adoption of Amendment(s) (CHECK ONE)

☒ 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)

☐ 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.

Dated 11/13/10

Signature Dr Susan Levy
(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)

SUSAN LEVY

(Typed or printed name of person signing)

President

(Title of person signing)