

1/23/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H20000025692 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6380

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Account Name : GASSMAN, CROTTY & DENICOLO, P.A.  
Account Number : 07535000514  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

ANIL K. GOYAL, M.D., P.A.

Certificate of Status	0
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Page Count	04
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2020 JAN 27 PM 4:13  
DIVISION OF CORPORATIONS  
COMMERCIAL  
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January 27, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ANIL K. GOYAL, M.D., P.A.  
2716 SOUTH US 1  
FORT PIERCE, FL 34982US

SUBJECT: ANIL K. GOYAL, M.D., P.A.  
REF: P95000061791

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

FAX Aud. #: H20000025692  
Letter Number: 620A00001905

H2.0000025092

Articles of Amendment  
to  
Articles of Incorporation  
of

ANIL K. GOYAL, M.D., P.A.

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

P95000061791

(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)

1801 HILLMOOR DR

PORT ST. LUCIE, FL 34952

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

P.O. BOX 13018

FT. PIERCE, FL 34979

20 JAN 27 PM 4:40

OFFICE OF STATE  
CORPORATION

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

1801 HILL MOOR DR

(Florida street address)

New Registered Office Address:

PORT ST. LUCIE

(City)

Florida 34952

(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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1) (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) <u>X</u> Change	<u>PS</u>	<u>ANIL K. GOYAL</u>	<u>P.O. BOX 13018</u>
<u>    </u> Add			<u>FT. PIERCE, FL 34979</u>
<u>    </u> Remove			
2) <u>    </u> Change			
<u>    </u> Add			
<u>    </u> Remove			
3) <u>    </u> Change			
<u>    </u> Add			
<u>    </u> Remove			
4) <u>    </u> Change			
<u>    </u> Add			
<u>    </u> Remove			
5) <u>    </u> Change			
<u>    </u> Add			
<u>    </u> Remove			
6) <u>    </u> Change			
<u>    </u> Add			
<u>    </u> Remove			

1140000025072

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

[illegible]

**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)

[illegible]

11200002504

The date of each amendment(s) adoption:  
date this document was signed.

if other than the

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 statements 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 1/22/2020

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)

ANIL K. GOYAL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)