

PA 6 0000 55750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

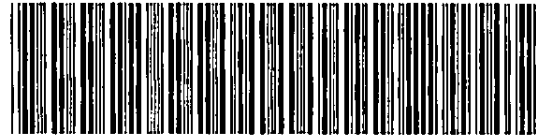
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/11/17--01017--008 **10.00

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OFFICE OF STATE
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17 JUL 31 AM 10:35

Amend

AUG 09 2017

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Nephrology Group NEFL
DOCUMENT NUMBER: P96000 D55750

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

Please return all correspondence concerning this matter to the following:

NAEEM HAIDER
Name of Contact Person
Nephrology Group of NEFL.
Firm/ Company
4131 University Blvd South #6
Address
Jacksonville FL 32216
City/ State and Zip Code
drnhaider1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Haydee Ortiz at (904) 737-2722
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:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
JAN 31 AM 10:35



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2017

NAEEM HAIDER
NEPHROLOGY GROUP OF NE FL
4131 UNIVERSITY BLVD. S. #6
JACKSONVILLE, FL 32216

SUBJECT: NEPHROLOGY GROUP OF NORTHEAST FLORIDA, P.A.
Ref. Number: P96000055750

We have received your document for NEPHROLOGY GROUP OF NORTHEAST FLORIDA, P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a ~~Florida Profit Corporation.~~ Please complete and return the enclosed blank form(s).

We will need an additional \$10.00 to be able to file this 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.

Diane Cushing
Senior Section Administrator

Letter Number: 817A00013526

17 JUL 31 PM 4:47
RECEIVED
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

Articles of Amendment
to
Articles of Incorporation
of

Nephrology Group of Northeast Florida, P.A.

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

P96000055750

(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 _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(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.

Signature of New Registered Agent, if 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)

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
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1) <u>Change</u>	<u>P</u>	<u>IRA HARMON, MD.</u>	<u>4131 UNIVERSITY Blvd S, #6/32216</u>
<u>Add</u>			
<u>Remove</u>			

2) <u>Change</u>	<u>P</u>	<u>NAEEM HAIDER, MD</u>	<u>4131 UNIVERSITY Blvd S</u> <u>#6, 32216.</u>
<u>Add</u>			
<u>Remove</u>			

3) <u>Change</u>	<u>C</u>	<u>Atif Abdalla, MD.</u>	<u>4131 UNIVERSITY Blvd S</u> <u>#6 32216.</u>
<u>Add</u>			
<u>Remove</u>			

4) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			

5) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			

6) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			

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

N/A

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)

N/A

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

Effective date if applicable: 7.1.17
(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 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 4.25.17.

Signature [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)

NAEEM HAIDEER, MD.
(Typed or printed name of person signing)

MD + PRESIDENT OF NEFL.
(Title of person signing)