

P9800006882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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08/04/14--01048--008 **35.00

14 AUG 27 AM 10:16

SECRETARY OF STATE
DIVISION OF CORPORATIONS

C. LEWIS
Sept 4, 2014
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2014

DR. LESLIE E. DIAZ / INFECTIOUS DISEASE ASSOCIATES
840 US HWY ONE SUITE 120
NORTH PALM BEACH, FL 33408 US

SUBJECT: INFECTIOUS DISEASE ASSOCIATES OF THE PALM BEACHES,
INC.

Ref. Number: P98000016882

We have received your document for INFECTIOUS DISEASE ASSOCIATES OF THE PALM BEACHES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the date that the original document was filed.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 814A00017524

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: INFECTIOUS DISEASE ASSOCIATES OF THE PALM BEACHES
DOCUMENT NUMBER: P98000016882

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

Please return all correspondence concerning this matter to the following:

CHRISTINA SANTIAGO
Name of Contact Person
INFECTIOUS DISEASE ASSOCIATES OF THE PALM BEACHES
Firm/ Company
840 US HIGHWAY 1, SUITE 120
Address
NORTH PALM BEACH, FL 33408
City/ State and Zip Code
fisher_kathleen@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTINA SANTIAGO at (561) 776-8300
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:

- ☐ \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

INFECTIOUS DISEASE ASSOCIATES OF THE PALM BEACHES

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

P98000016882

(Document Number of Corporation (if known))

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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:

N/A

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)

N/A

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

N/A

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

KATHLEEN STARR FISHER

840 US Highway 1, Suite 120, North Palm Beach, FL 33408

(Florida street address)

New Registered Office Address:

N/A

(City)

, Florida

(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]
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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- 1) ☐ Change
☒ Add
☐ Remove

PVTSD KATHLEEN STARR FISHER 840 US HIGHWAY 1
SUITE 120
NORTH PALM BEACH, FL 33408

- 2) ☐ Change
☐ Add
☒ Remove

VSTD LESLIE E. DIAZ 840 US HIGHWAY 1
SUITE 120
NORTH PALM BEACH, FL 33408

- 3) ☐ Change
☐ Add
☐ Remove

- 4) ☐ Change
☐ Add
☐ Remove

- 5) ☐ Change
☐ Add
☐ Remove

- 6) ☐ Change
☐ Add
☐ Remove

E. 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)

I, LESLIE DIAZ, HAVE TRANSFERRED
100% OF MY STOCK TO KATHLEEN
STARR FISHER

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

, if other than the

Effective date if applicable: _____

N/A

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(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

8/28/14

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)

LESLIE E. DIAZ

(Typed or printed name of person signing)

Vice President

(Title of person signing)