

P98000043989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

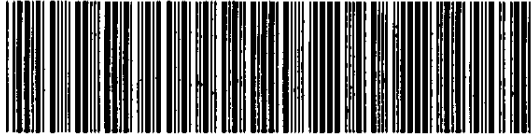
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 NOV 23 PM 4: 32

Amend/CC
@ 11/24/09

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: Salvatore Senzatimore, Jr., M.D., P.A.

DOCUMENT NUMBER: P98000043989

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

Please return all correspondence concerning this matter to the following:

Jeffrey S. Wenger, M.D.

Name of Contact Person

Salvatore Senzatimore, Jr., M.D., P.A.

Firm/ Company

1117 N. Olive Avenue, Suite 203

Address

WPB, FL 33401

City/ State and Zip Code

doctorwenger@aol.cm

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

For further information concerning this matter, please call:

Jeffrey Wenger

Name of Contact Person

at (561)

802-9050

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2009

JEFFREY S. WENGR, M.D.
1117 N. OLIVE AVENUE
SUITE 203
WEST PALM BEACH, FL 33401

SUBJECT: SALVATORE SENZATIMORE JR., M.D., P.A.
Ref. Number: P98000043989

We have received your document for SALVATORE SENZATIMORE JR., M.D., P.A. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

YOU CAN NOT CHANGE THE CORPORATE NAME BY ADDING THE (dba) NAME. IF YOU WISH TO CHANGE THE CORPORATE NAME PLEASE ADD A (suffix).

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 509A00032780

CEHV

2009 OCT 12 11 23 AM EST

TARYN J. BAKER
ASST. DIR. OF REG. AFFS.
DIVISION OF CORPORATIONS
STATE OF FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Salvatore Senzatimore, Jr., M.D, P.A.

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

P98000043989

(Document Number of Corporation (if known))

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 NOV 23 PM 4:32

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:

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:

New Registered Office Address:

(Florida street 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u> (PRESIDENT)	<u>Jeffrey S. Wenger, M.D.</u>	<u>1117 N. Olive Ave</u> <u>Suite 203</u> <u>West Palm Beach, FL 33401</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u> (VICE PRESIDENT)	<u>Salvatore Senzatimore, M.D.</u> ^{Jr}	<u>1117 N. Olive Ave</u> <u>Suite 203</u> <u>West Palm Beach, FL 3341</u>	<input checked="" type="checkbox"/> Add (edit) <input type="checkbox"/> Remove
<u>TREASURER /</u> <u>SECRETARY</u>	<u>Sidney Neimark, M.D.</u>	<u>1117 N. Olive Ave</u> <u>Suite 203</u> <u>West Palm Beach, FL 33401</u>	<input checked="" 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)

Shares of corporation to be divided equally
between Jeffrey S. Wenger, M.D. ; Salvatore Senzatimore,
Jr., M.D. ; and Sidney Neimark, M.D.

The date of each amendment(s) adoption: 9/1/2009

Effective date if applicable: 9/1/2009 (date of adoption is required)
(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):

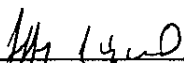
“The number of votes cast for the amendment(s) was/were sufficient for approval

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 September 1, 2009

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)

Jeffrey S. Wenger, M.D.

(Typed or printed name of person signing)

President

(Title of person signing)