

P98000060988

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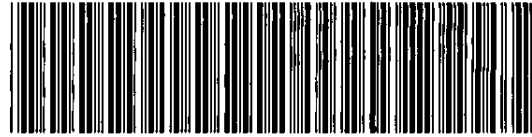
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ARTICHOSE, MISSISSIPPI

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Amend

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2011

ALBERTO S. COBIAN
RDV SPORTSPLEX PEDIATRICS
8701 MAITLAND SUMMIT BLVD.
ORLANDO, FL 32810

SUBJECT: LYNN M. BERRINGER, M.D., P.A.
Ref. Number: P98000060988

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6906.

Darlene Connell ✓
Regulatory Specialist II

Letter Number: 511A00001426

RECEIVED
11 FEB -2 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Lynn M. Berringer M.D. P.A.

DOCUMENT NUMBER: P98000060988

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

Please return all correspondence concerning this matter to the following:

Alberto S. Cobian

Name of Contact Person

RDV Sportsplex Pediatrics

Firm/ Company

8701 Maitland Summit Blvd

Address

Orlando, FL 32810

City/ State and Zip Code

rdvpediatrics@gmail.com

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

For further information concerning this matter, please call:

Alberto S. Cobian

Name of Contact Person

at (407)

916-4522

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

Lynn M. Berringer, M.D., P.A.

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

P98000060988

(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:

PRO STAR PEDIATRICS P.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)

LARITSSA P. COBIAN, M.D.

8701 MAITLAND SUMMIT BLVD

ORLANDO, FL 32810

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>
PSTD	Lynn M. Berringer MD	8701 Maitland Summit Blvd Orlando, FL 32810	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PSTD	Laritssa P. Cobian, M.D.	8701 Maitland Summit Blvd Orlando, FL 32810	<input checked="" type="checkbox"/> Add <input 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: Sept. 20, 2010

Effective date if applicable: Sept. 20, 2010 *(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 Sept. 20, 2010

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)

Laritssa P. Cobian, M.D.

(Typed or printed name of person signing)

President
(Title of person signing)