P99000 044 221

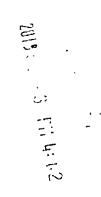
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





000333407790

09/03/19 -010/4 -014 **35.1



SEP 1 1 2019 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Palm Coast Surgice	al Associates, PA	
DOCUMENT NUMBE			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this man	tter to the following:	
11	loward Mofsen		
	· -	Name of Contact Person	1
Р	inchevsky & Mofsen		
<u>-</u>		Firm/ Company	
5	541 N University Dr # 103	rithe Company	
_		Address	
C	oral Springs, FL 33067		
_		City/ State and Zip Code	:
	RBRESLI	AWMDG AOL	COM
	E-mail address: (to be us	AWMDC AOL sed for future annual report	notification)
For further information of	concerning this matter, pleas	se call:	
Howard Mofsen		at (954)
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	rtment 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)
Ameno Divisio P.O. B	ment Section on of Corporations fox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building secutive Center Circle

Articles of Amendment to Articles of Incorporation of

alm Coas	+ Surgicil 1	Assoc, PA		
(Nan	e of Corporation as	currently filed with the	e Florida Dept. of State)	
	7990000	044221		

(<u>i-mine or eg</u>	00.0	7 1	Differ on (Augus)		
	749000942				
	(Document Number of (Corporation (if known)			
Pursuant to the provisions of section 607,1006, its Articles of Incorporation:	, Florida Statutes, this F	lorida Profit Corporati	ion adopts the foll	owing amendment(s) to	
A. If amending name, enter the new name of	of the corporation:				
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association."	"Corp." "Inc." or "C	o". A professional co			
B. Enter new principal office address, if ap- (Principal office address MUST BE A STREE					
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)					
D. If amending the registered agent and/or new registered agent and/or the new reg		s in Florida, enter the	e name of the		2015
Name of New Registered Agent		 	<u>-</u>		۔ مس
	(Florida stree	address)			ری
New Registered Office Address:		City)	, Florida	(Zip Code)	
New Registered Agent's Signature, if changi I hereby accept the appointment as registered to	ing Registered Agent:		gations of the posi	•	511 rt 113

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: XChange	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Titie</u>	<u>Name</u>	Address
1) Change	D	Ariel E Rodrgiuez Pimentel	2281 NW 36th Street
X Add			Boca Raton, FL 33431
Remove			
2) Change	D	Mariano Faresi	11766 Foxbrier Lake Trail
Add			Boynton Beach, FL 33473
Remove			
3) Change			
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			_
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
	
	
	hanne mala de Carrier de la companya de la constanta de la con
provisions for implementing the amer	hange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
·	
	_ _
	
	

August 23, 2019	, if other than the
The date of each amendment(s) adoption:	It other man me
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 a document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK_ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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"	
by	
☐ 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. August 23, 2019	
Dated	
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)	
Ralph Breslaw	
(Typed or printed name of person signing)	
President	

(Title of person signing)