## 99000)51717

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JUL 0 6 2014 C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: <u>DYHOPAEDIC CENTER OF VERO BEACH</u> , P.A. DOCUMENT NUMBER: <u>P9900051717</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tania Hill Name of Contact Person
Name of Contact Person
Drthopaedic Center of Vero Beach Firm/Company
1285 36+h Street Suite 100
Address
Vero Blach & 32960 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tania Hill at (112) 178. 2009
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:
`L
\$35 Filing Fee \$\sum \text{\$\sum \$\\$43.75 Filing Fee & \sum \text{\$\sum \$\\$\\$\$\$ Certificate of Status \$\sum \text{\$\cent{\$\sum \$\sum \$\\$}\$}\$ Certificate of Status
(Additional copy is Certified Copy
enclosed) (Additional Copy
is enclosed)
Mailing Address Street Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

## Articles of Amendment Articles of Incorporation

P9900005171

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profit Corpor	ation adopts the following amendment
A. If amending name, enter the new name of th	e corporation:	
name must be distinguishable and contain the	d Garage 1	The news
"Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "Co". A professional	corporation name must contain the
B. Enter new principal office address, if application		ψ <sub>(D</sub> 2)
(Principal office address <u>MUST BE A STREET A</u>	<u>ADDRESS</u> )	me B
•		
		তুলি ।
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		
		·
	<del></del>	
<ul> <li>If amending the registered agent and/or registered agent and/or the new registered.</li> </ul>		the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing		
I hereby accept the appointment as registered age.	nt. I am familiar with and accept the ob	ligations of the position.
,		
<u> </u>		
	Signature of New Registered Agent, if cha	anging

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: X Change	<u>PT</u> <u>John I</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P, CED	<u> Richard Steinfeld</u> MD	1285 3644 St, StEI DE
Add			Vero Beach, FL
Remove			32960
2) Change	<u> </u>	Keith Kalish DPM	1285 36th St. Ste100
Add			Vero Beach, R
Remove			32960
3) Change		<del></del>	
Add			
Remove			
4) Change			
Add			
Remove			·
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 7-1-2015	
(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 we document's effective date on the Department of State's records.	ill not be listed as the
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	
(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)	
Richard Stein Celd, MD (Typed or printed name of person signing)	
President, CED (Title of person signing)	