

P99000058779

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FILED  
2011 JUL -8 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend

TBrown

7-11-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Adult and Pediatric Dermatology Practitioners, P.A.

**DOCUMENT NUMBER:** P99000058779

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

Please return all correspondence concerning this matter to the following:

Kara Skorupa, Esq.

Name of Contact Person

Kara Skorupa, Esq., P.A.

Firm/ Company

1201 U.S. Highway One, Suite 315

Address

North Palm Beach, FL 33408

City/ State and Zip Code

unionlegalhelp@aol.com

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

For further information concerning this matter, please call:

Kara Skorupa, Esq.

Name of Contact Person

at ( 561 )

624-7989

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

ADULT AND PEDIATRIC DERMATOLOGY PRACTITIONERS, P.A.

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

P99000058779

(Document Number of Corporation (if known))

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:**

*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**)

**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:

KARA SKORUPA, ESQ.

New Registered Office Address:

1201 U.S. HIGHWAY ONE, SUITE 315

(Florida street address)

NORTH PALM BEACH

(City)

Florida 33408  
(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) \*see attached*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PRES</u>	<u>M. GARY SCHORR</u>	<u>13005 SOUTHERN BLVD</u> <u>MEDICAL MALL II #224</u> <u>LOXAHATCHEE, FL 33470</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>PRES</u>	<u>JOSEPH MASESSA</u>	<u>13005 SOUTHERN BLVD</u> <u>MEDICAL MALL II #224</u> <u>LOXAHATCHEE, FL 33470</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>CEO</u>	<u>M. GARY SCHORR</u>	<u>13005 SOUTHERN BLVD</u> <u>MEDICAL MALL II #224</u> <u>LOXAHATCHEE, FL 33470</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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**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)*

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The date of each amendment(s) adoption: JULY 1, 2011

Effective date if applicable: JULY 1, 2011 (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

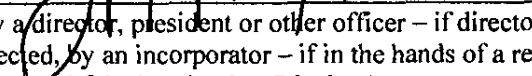
by \_\_\_\_\_"  
(voting group)

☐ 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 JULY 1, 2011

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 MASESSA

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

**Articles of Amendment to Articles of Incorporation of  
Adult and Pediatric Dermatology Practitioners, P.A.  
Document # P9900005879**

**Section D. Officers and/or Directors, CONTINUED:**

<b>TITLE</b>	<b>NAME</b>	<b>ADDRESS</b>	<b>TYPE OF ACTION</b>
CEO	M. GARY SCHORR	13005 SOUTHERN BLVD MEDICAL MALL II #224 LOXAHATCHEE, FL 33470	REMOVE
CEO	M. GARY SCHORR	13005 SOUTHERN BLVD MEDICAL MALL II #224 LOXAHATCHEE, FL 33470	REMOVE
CEO	M. GARY SCHORR	13005 SOUTHERN BLVD MEDICAL MALL II #224 LOXAHATCHEE, FL 33470	REMOVE
CEO	M. GARY SCHORR	13005 SOUTHERN BLVD MEDICAL MALL II #224 LOXAHATCHEE, FL 33470	REMOVE
SEC	JEFFREY MASESSA	13005 SOUTHERN BLVD MEDICAL MALL II #224 LOXAHATCHEE, FL 33470	ADD