533218

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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	∌ #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION: MANOR PL	AZA PEDIATRI	C CENTER, P.A.	
DOCUMENT NU	MBER: S33218			•
	les of Amendment and fee are sub	mitted for filing.		
Please return all co	rrespondence concerning this matt	er to the following:		
	JEAN W. MATHIE	U		
		Name of Contact Persor	<u> </u>	-
	MANOR PLAZA F	PEDIATRIC CEI	NTER, P.A.	
-	1234 NORTHEAS	Firm/ Company ST FOURTH AV	ENUE	•
		Address		-
	FORT LAUDERDALE FL 33304 US			
		City/ State and Zip Code		-
.1	EANW33304@YAH	OO COM		
, <u> </u>		ed for future annual report	notification)	
			,	
For further informa	tion concerning this matter, please	call:		
JEAN W. N	MATHIEU	at (954	, 524-2627	•
Nan	ne of Contact Person	Area Co	de & Daytime Telephone Numbe	r
Enclosed is a check	c for the following amount made p	ayable 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 Fec Certificate of Status Certified Copy (Additional Copy is enclosed)	
_	Mailing Address		Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P	P.O. Box 6327		Building	
Т	Callahassee, FL 32314		xecutive Center Circle ssee, FL 32301	
		i ailana	8800, FL 32301	

Articles of Amendment to . Articles of Incorporation

MANOR PLAZA PEDIATRIC CENTER, P.A.

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

S33218			
(Document Number	er of Corporation (if know	wn)	THE A
Pursuant to the provisions of section 607.1006, Floats Articles of Incorporation:	orida Statutes, this <i>Flori</i> d	da Profit Corporation ado	pts the following amendm
a. If amending name, enter the new name of th	ne corporation:		<i>10</i> 9
MANOR PLAZA PEDIATRIC (CENTER, INC		The nev
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Covord "chartered," "professional association," or	Corp," "Inc," or "Co".	A professional corporati	
B. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>			
•			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	S POV		
(mailing dauress MAI BE A FOST OFFICE	<u>BUA</u>)		
). If amending the registered agent and/or reg		ı Florida, enter the name	of the
new registered agent and/or the new registe	red office address:		
Name of New Registered Agent			
	(Florida street ad	dress)	
New Registered Office Address:	(Cir.)	, Florida	(Zip Code)
	(City)		(Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered age		nd accept the obligations	of the position.
	CM Paris de la	: G - 1 :	
Signature o	of New Registered Agent,	ij cnanging	

Page 1 of 4

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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>.</u>		
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove		_	

If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		
	· · · · · · · · · · · · · · · · · · ·	
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, , , , , , , , , , , , , , , , , , , ,		
If an amendment provides for an exch provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
· · · · · · · · · · · · · · · · · · ·		

The date of each amendment	(s) adoption: JANUARY 1, 2012
. * Effective date <u>if applicable</u> :	JANUARY 1, 2012
<u></u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	e approved by the shareholders through voting groups. The following statement d 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/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated FEE	BRUARY 16, 2012
Signature	y a director, president or other officer – if directors or officers have not been
se	lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	JEAN W. MATHIEU
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)