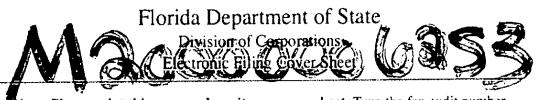
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ZUDANS MEDICAL BILLING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
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Electronic Filing Menu Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Name of limited liability Company as it appears State: Zudans Medical Billing, LLC	s on the records of the Florida Department of			
State:				
Enter new principal office address, if applicable:				
(<u>Principal office address</u> MUST BE A STREET ADDRESS)	<i>O</i> N			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2021 JAN 25 AH			
2. The Florida document number of this limited lia	ability company is: M20000006253			
Jurisdiction of its organization: Delaware				
4. Date authorized to do business in Florida: 07/16	6/2020			
SECTION II (5-9 complete only the applicable	changes)			
5 Naw game of the limited liability company	lorida Independent Medical and Surgical Associates LLC			
(mus	st contain "Limited Liability Company, " "L.L.C.," or "LLC.")			
copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.C				
registered agent and/or the new registered office a				
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida Street Address			
<u> </u>	City Florida Zip Code			
	City Zip Code			
the provisions of all statutes relative to the proper	egistered Agent: ent and agree to act in this capacity. I further agree to comply with r and complete performance of my duties, and I am familiar with stered agent as provided for in Chapter 605, F.S. Or, if this e in the registered office address, I hereby confirm that the limited			

liability company has been notified in writing of this change.

Signature of the authorized representative

Kevin Duteau, Attorney-in-Fact

Typed or printed name of signee

Filing Fee: \$25.00

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "ZUDANS MEDICAL
BILLING, LLC", CHANGING ITS NAME FROM "ZUDANS MEDICAL BILLING,
LLC" TO "FLORIDA INDEPENDENT MEDICAL AND SURGICAL ASSOCIATES
LLC", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF JANUARY, A.D.
2021, AT 4:38 O'CLOCK P.M.



Authentication: 202362224

Date: 01-25-21

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:38 PM 01/11/2021
FILED 04:38 PM 01/11/2021
SR 20210079691 - File Number 3085590

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STATE OF DELAWARE CERTIFICATE OF AMENDMENT

Name of Limited	Liability Company:	ZUDANS	MEDICAL	BILLING,
The Certificate of as follows:	f Formation of the lin	nited liabil	ity company	y is hereby ame
The name of Florida Ind LLC	the Limited Li ependent Medica	iability al and (y Compan Surgical	y is: Associate:
	VHEREOF, the unde			
	Ву	Ke	riv D	inter
			Authorize	d Person(s)