P13000093474

	(Řequestor's Name)
	(Äddress)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:





100377931541

12/13/21--01021--001 **35.00

TILED 46

C BRUMBLEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON: MIAMI UROLOG	Y & SEXUAL WELLNES	S INSTITUTE, P.A.
DOCUMENT NUMBER:	P13000093474		
The enclosed Articles of An	nendment and fee are sul	bmitted for filing.	
Please return all correspond	ence concerning this ma	tter to the following:	
JAY	BUNNELL		
		Name of Contact Persor	1
INSF	IRE ONCOLOGY LLC		
		Firm/ Company	
3530	KRAFT ROAD		
		Address	
NAP	LES, FL 34105		
		City/ State and Zip Code	:
JBUI	NNELL@INSPIREONC	OLOGY.COM	
	E-mail address: (to be us	ed for future annual report	notification)
For further information cond	cerning this matter, pleas	e call:	
SAMUEL HAMMER		at (370-6100
Name of Cor	ntact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the t	following amount made p	payable to the Florida Depa	ertment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Division o P.O. Box (nt Section of Corporations	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee l. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

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

MIAMI UROLOGY & SEXUAL WELLNESS INSTITUTE, P.A.

P13000093474

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporation	adopts the following amend	ment(s) to
A. If amending name, enter the new n	ame of the corporation:			
ENCORE SURGICAL SPECIALISTS I	PA		The n	ew
name must be distinguishable and contain "Inc" or Co.," or the designation "Chartered," "professional association,	Corp," "Inc," or "Co". A	ompany," or "incorporated professional corporation	" or the abbreviation "Corp	
B. Enter new principal office address,		·		- TT
(Principal office address MUST BE A S	TREET ADDRESS)		· C	=
			Sic. A	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3530 KRAFT ROAD		_
		SUITE 204		8
		NAPLES, FL 34105		- -
D. If amending the registered agent an new registered agent and/or the ne		ss in Florida, enter the n	ame of the	
Name of New Registered Agent	SAMUEL HAMMER, CPA			
Name of New Negistered rigem	400 NW 74TH AVENUE			
	(Florida stree	ı address)		
New Registered Office Address:	PLANTATION		. Florida 33317	
The state of the s	(City)		(Zip Code)	_
New Registered Agent's Signature, if c I hereby accept the appointment as regis.		th and account the obligation	uu of the maritism	
r nerewy accept the appointment as regis.	eerea ageni i am jamiiiar wi	ы ана ассері іне оондано	ns (η ine 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)

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.

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>	Name	Address
1) Change	coo	JAY BUNNELL	3530 KRAFT ROAD
X Add			SUITE 204
Remove			NAPLES, FL 34105
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

xuaen aaamonal	dding additional Art sheets, if necessary).	(Be specific)	_		
					. =
		· · · · · · · · · · · · · · · · · · ·			· <u>-</u> -
_					
			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
f an amendment	provides for an excl nplementing the ame	nange, reclassifica	ation, or cancellat	tion of issued shar	<u>es.</u>
	able, indicate N/A)	mument if not co	ntained in the am	enument usen:	
., .,	,				
		-			
					 .

The date of each amendment(s) adate this document was signed.	adoption:, if oth	er than tl
Ç		
Effective date if applicable:	(no more than 90 days after amendment file date)	_
	the more man so days dyler amenament file and	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be literartment of State's records.	sted as t
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action and sharehold	ier
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s): for the amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated <u> 1 2</u>	107/2021	
Signature	James Bunnell	
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	
	JAY BUNNELL	
	(Typed or printed name of person signing)	nus.
	COO	