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3/19/2018

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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

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COR AMND/RESTATE/CORRECT OR O/D RESIGN STEADYMD PHYSICIAN GROUP, P.A.

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Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment Articles of Incorporation

SteadyMD Physician Group, P.A.

12122023573 From Kimberly Laughrey

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

P17000007791

(Document Number of Corporation (if known)

dment(s) to

The nemon," "company," or "incorporated" or the abbreviation." "Co". A professional corporation name must contain to "P.A." N/A
"Co". A professional corporation name must contain to "P.A." N/A
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dress in Florida, enter the name of the

street addressj
. Florida
(City) (Zip Code)
nt: r with and accept the obligations of the position.
5

To:

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:

 $P \sim President; V \sim Vice President; T \sim Treasurer; S \sim Secretary; D \sim Director; TR \sim Trustee; C \sim Chairman or Clerk; CEO \sim Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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> 171</u>	John Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1)Change		-		
Add				
Remove				·
2) Change				
Add		_		
Remove				
3)Change				
Add		_		
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4) Change		-		
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Add				
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6) Change		_		
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I/A 	h additional sheets, if necessary). (Be specific)	
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16	and the second s	
	amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself:	
<u>11 an :</u> provi	()C	
prov	(if not applicable, indicate N/A)	
(aj not applicable, maicale N/A)	
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
•	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	bek does not meet the applicable statutory filing requirements, this datartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopty the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(slicient for approval.	;)
	oved by the shareholders through voting groups. The following statemer ach voting group entitled to vote separately on the amendment(s):	ent .
"The number of votes east t	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholde	ः
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	
3/16/18 Dated		
Signature Scott	Soerries	
(By a dis	ector, president or other officer - if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other course fiduciary by that fiduciary)	t
:	Scott Socries	
-	(Typed or printed name of person signing)	
	President	
_	(Title of person signing)	•