Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000368461 3)))



H190003684613ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

3052201440

: (850)617-6380

From

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email	Address	·	

COR AMND/RESTATE/CORRECT OR O/D RESIGN SARAVIAN MEDICAL GROUP CORP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

FILED

19 DEC 23 M 9: 20

SEUREIANY DI SIAIE

RING DEC 23 PH L. LO

nungan min nungan merupak Articles of Amendment to Articles of Incorporation

		Articles of	Incorporation			
SARAVIAN N	MEDICAL GROUP C	ORP	of			
P190000555	(<u>Na</u>)	me of Corporation as curre	ntly filed with the Florida Dept, of St 11	<u>e)</u>	· -	
	<u> </u>	(Document Number	r of Corporation (if known)			
Pursuant to the	provisions of section 6		is Florida Profit Corporation adopts the			
its Articles of It	ncorporation:	over voo, i torida Statines, til	is riorian projit Corporation adopts the	following amen	idment(s) to
A. If amending	name, enter the new	name of the corporation:				
PLANET HEAD	LTH MEDICAL CEN	TER CORP				
name must be di "Inc.," or Co., "chartered," "p	stinguishable and conta or the designation rofessional association	ain the word "corporation," "Corp," "Inc," or "Co". n," or the abbreviation "P.A.	"company," or "incorporated" or the ab A professional corporation name mus	The breviation "Cort contain the w	new Tp" vord	
B. Enter new p	 rincipal office addres		N/A			
					-	
C. Enter new m (Mailing add)	nailing address, if appress MAY BE A POST	olicable: FOFFICE BOX)	N/A	SEU	19 [
	1			经高	뛵	~
				SS	<u>လ</u> သ	
. If amending t	he registered agent a	nd/or registered office add	ress in Florida, enter the name of the	Mg		T
new registered	d agent and/or the ne	w registered office address	C:	$\frac{1}{2}$ ω		
Name of ?	New Registered Agent	N/A			9: 2	
				% > ~	0	
		(Florida str	reet address)			
New Regis	tered Office Address:	N/A	, Florida			
			(City)	(Zip Code)	_	
w Registered Ag	 gent's Signature, if cl	nanging Registered Agent:				٠
ereby accept the c	appointment as registe	ered agent. I am familiar w	ith and accept the obligations of the pa	sition.		
		Signature of New Re	gistered Agent, if changing			
		·.				

. - ,

If amending the (fficers and/or Directors, enter	the title and name of each officer/director being	o removed and title, name and
address of each O	incer and/or Director being a	dded:	b are no and and a second and

(Attach additional sheets, if necessary)

3052201440

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 = Chainnan 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	PT	John Doe				
X Remove v		Mike Jones				
_X Add		Sally Smith				
Type of Action (Check One)	Title	Name	Address			
1) Change	VP	CARLOS JAVIER CEPER	O 134 E 49TH ST			
Add			HIALEAH FL 3:1013			
X Remove						
2) Change	\		SS N			
Add						
Remove 3) Change			92. 93			
Add						
Remove						
4) Change						
Add						
Remove						
5) Change		.				
Add						
Remove						
6) Change		_				
Add						
Remove						
		Page 2 of 4				
E. If amending or ad	ding additio	onal Articles, enter change(s) here:				
(Attach additional	sheets, if nec	essary). (Be specific)				

12/23/2019 14:58

3052201440

PAGE 04/05

3052201440

Note: If the date is document's effective	serted in this block d date on the Departm	does not meet the applicable statutory filing requirements, this class cont of State's records.	: will not b	o listed	as the
Adoption of Amen	lment(s)	(CHECK ONE)			
☐ The amendment(: by the sharehold	i) was/were adopted b ers was/were sufficien	by the shareholders. The number of votes east for the amendmen (8) at for approval.)		
The amendment's must be separate) was/were approved i y provided for each w	by the shareholders through voting groups. The following statement poting group entitled to vote separately on the amendment(s):) t		
"The numbe	r of votes east for the	amendment(s) was/were sufficient for approval			
by		(voting group)			
action was not requ	was/were adopted by pired.	y the board of directors without shareholder action and shareholder			
The amendment(s) action was not requ	was/were adopted by ired.	the incorporators without shareholder action and shareholder			
Date	d 12/20/2019	\bigcirc	÷		
Sign		prosident or other officer - if directors or officers have not been			
	selected, by and	incorporator - if in the hands of a receiver, trustee, or other cout triary by that fiduciary)			
	LAZAR	A M ROQUE			
		(Typed or printed name of person signing)			
	PRESID	DENT			
	(Title of	person signing)	,		
			<u>}</u>	19	
			죮쫎	DEC	
			S	C i	<u> </u>
	1		335	ယ	
			~;\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3	
			:0: YIS	Ö	Ü
	·		Ş Ş	20	
		o de la companya de	3		

Page 4 of 4