## P190000 60272

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	Address)
	Address)
	City/State/Zip/Phone #)
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(	Document Number)
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: Physicic	in Recruitin	na of	America	INC.
DOCUMENT NUMB	ER: P14000	060272	9		
	of Amendment and fee are su				
Please return all corres	pondence concerning this ma	tter to the following:			
	Jobshiss	ell Mille	<b>√</b>		
•		Name of Contact Person	1		
		Firm/ Company			
_	33924	N 26 th	r au	e	
	ohoenix	Address $\frac{A2}{8508}$ City/ State and Zip Code	5		
•		City/ State and Zip Code	2		
	E-mail addresk: (to be us	i - miller @ gmc sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Johshisse	N Miller	at ( 737 Area Coo	729	0019	_
Name o	of Contact Person	Area Co	de & Daytime	Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of Sta	te:	
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 F Certificate Certified (Addition is enclose	e of Status Copy al Copy	
	ling Address indment Section		Address ment Section		
	sion of Corporations Box 6327		n of Corporatentre of Talla		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment**

to

## Articles of Incorporation

of

Physician Recruiting	Osta Fornes 5600
(Name of Corporation as curren	fly filed with the Florida Dept. of State)
P19000060272	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A	"company," or "incorporated" or the abbreviation "Corp"  A professional corporation name must contain the word
B. <u>Enter new principal office address</u> , if <u>applicable</u> : (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	dress in Florida, enter the name of the ss:
Name of New Registered Agent	
	<u> </u>
(Florida :	rreet address)
New Registered Office Address:	(City) , Florida (Zip Code)
	·
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia.	nt: r with and accept the obligations of the position.
ractery accept the approximent as regulerous agent. The juminos	,
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. Example: PT John Doc X Change X Remove  $\underline{\mathbf{V}}$ Mike Jones Sally Smith <u>X</u> Add <u>SV</u> Address <u>Title</u> Type of Action Name (Check One) Johan: Miller 33924 N 26+h PTG

		Page 2 of 4	
Remove			
Add			
6) Change	-		
Remove			
Add			
5) Change			
Remove			
Add			
4) Change			
Remove			
Add			
Remove Change	<u></u>		
_ <u>X</u> Add			anc, phoenix, 42 8508
2) Change	<u> 275</u>	Jobshissen Miller	33924 N. 26th
X Remove	<b>○*</b> /	na lla -	95085
Add			are phoenix, AZ
(1) Change	<u></u>		

E. If amo	ending or	adding	additional	Articles.	enter	change(s)	<u>here</u> :
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(Attach additional sheets, if necessary). (Be specific)

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provisions for implementing the amendment if not (if not applicable, indicate N/A)	contained in the amendment itself:	
		<del></del> -
		. <del></del>
		<del></del>
	Page 3 of 4	
	12.10.10	
The date of each amendment(s) adoption:	13/12019	_, if other than the
Effective date if applicable:		
(no more	than 90 days after amendment file date)	

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were adop by the shareholders was/were suff	ed by the shareholders. The number of votes east for the amendment(s) icient for approval.
	wed by the shareholders through voting groups. The following statement sich voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	ed by the incorporators without shareholder action and shareholder
Dated	12019
Signature X	Buch.
selected,	clor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
	(Typed or printed name of person signing)
Ţ.	President  Title of person signing)