## P92000002736

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2022 SEP - 6 AMII: 4
SECRETARY OF STATE
TANK FUNCSIFE FOR

of 121 money

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Clinical Medical Se	ervices, Inc.	<u> </u>		
DOCUMENT NUMI	BER: P92000002736				
	of Amendment and fee are sul	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	Donna M. Gale				
		Name of Contact Person	1		
	Clinical Medical Services, Inc.				
	Firm/ Company				
	3700 Commerce Parkway				
		Address	<del></del>		
	Miramar, FL 33025				
		City/ State and Zip Code	<del>-</del>		
	dgale@ihcscorp.com				
		ed for future annual report	notification)		
For further informatio	n concerning this matter, pleas		215-4264		
	of Contact Person	at (	) 215-4264 de & Daytime Telephone Number		
	r the following amount made p				
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee. FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of

FILED

2022 SEP - K AMI 41

Clinical Medical Services, Inc.			1011 2EB - P	AM   : 4
(Name of	Corporation as currently	g filed with the Florida Dept. of	State)PRETABLE	00.071
P92000002736		y filed with the Florida Dept. of	TALLAHAS	UFSTAT
	(Document Number of	Corporation (if known)		<u> </u>
Pursuant to the provisions of section 607.10 ts Articles of Incorporation:	006, Florida Statutes, this a	Florida Profit Corporation adopt	ts the following ame	ndment(s) t
A. If amending name, enter the new nam	ne of the corporation:			
N/A			77	new
name must be distinguishable and contain th Inc.," or Co.," or the designation "Cor 'chartered," "professional association," of	rp," "Inc," or "Co". A	ompany," or "incorporated" or t professional corporation name	the abbreviation "Ca	orp.,"
B. Enter new principal office address, if	annlicable:	N/A		
Principal office address MUST BE A STR		•		
				<del>_</del>
				_
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		N/A		
				- <del></del>
			<u> </u>	
). If amending the registered agent and/			of the	
new registered agent and/or the new r	registered office address:			
Name of New Registered Agent	∛A			
_	(Florida stre	vet address)		
New Registered Office Address:	!/A	El	orida N'/A	
		City)	(Zip Code)	
lew Registered Agent's Signature, if cha hereby accept the appointment as registere	nging Registered Agent: ed agent – Lam familiar w	ith and accent the obligations of	the position	
	a agem. Tamjamma	un una accept me congunons of	the position.	
	Signature of New Re	gistered Agent, if changing	-	
Shack if applicable				

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

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)

Example:

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	PT Jo	ohn Doe	
X Remove	<u>V</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Jorge A. Pereda	3700 Commerce Parkway
Add			Miramar, FL 33025
Remove  2) Change	CFO/T	Paul Pino	3700 Commerce Parkway
Add			Miramar, FL 33025
X Remove 3) Change	CEOPD	Christopher J. Bradbury	3700 Commerce Parkway
X Add			Miramar, Fl. 33025
Remove 4) Change	CFO/I	Steven P. Haft	3700 Commerce Parkway
X Add			Miramar, FL 33025
Remove  5) X Change	EVP	Karen Joblove	3700 Commerce Parkway  Miramar, FL 33025
Add _ Remove			
6) Change		<del></del> .	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)	
N/A *	
<del>-</del>	
	· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
N/A	
IN/A	

	N/A		
	s) adoption:	, if other t	han the
date this document was signed.	N/A		
Effective date if applicable:	· · · ·		
	(no more than 90 days t	after amendment file date)	
	is block does not meet the applicable st e Department of State's records.	atutory filing requirements, this date will not be liste	d as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board o	f directors without shareholder action and shareholder	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number sufficient for approval.	er of votes cast for the amendment(s)	
	approved by the shareholders through vo		
	cast for the amendment(s) was/were suffi		
by	(voting group)	,	
	(voting group)	<del></del>	
August	26, 2022		
Dated	26, 2022		
Signature 🗸	Linda Mendez		
sel	inda Mandaz a director, president of other officer – if ected, by an incorporator – if in the hands ointed fiduciary by that fiduciary)	directors or officers have not been of a receiver, trustee, or other court	
	Linda Mendez		
	(Typed or printed name o	f person signing)	
	Chief Operating Officer		
	(Title of person signing)		