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(Req	uestor's Name)	
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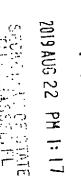
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COVER LETTER

Division of Corporations				
SUBJECT: CARDIOLOGY ASSOCIATES OF STUART PA (Name of Corporation)				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Howard S. Helfman MD President (Name of Contact Person)				
Cardiology Associates of Stuart PA (Firm/Company)				
1027 SE OCEAN BLVD (Address)				
STUART FL 34996-2576 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Name of Contact Person) at (772) 781-0322 (Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

TO:

Amendment Section

Articles of Amendment to Articles of Incorporation

770-01-0-1-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	tuart, PA.
(Name of Corporation as currently filed with the F	Inrida Dept. of State)
P 93 0000 8 6 4 8 9	
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	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 "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1027 SE OCEAN BLUD
(Principal office address MUST BE A STREET ADDRESS)	STUART FL 34996
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1027 SE Ocean Blud
	Stuart FL 34996
D. If amending the registered agent and/or registered office adda new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	
<u></u>	
(Florido str	reel address)
New Registered Office Address:	
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Pagistered A	Cont 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 officeridirector 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 Kemov	ie, ona sa	ny Smith, Sv. as an Aad.	
Example: X Change	<u>PT</u>	John Doc	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check Onc)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
() Change	_\$	HETAIN PATEL	1027 SE OCEAN BLUD
X Add		•	STUART FL 34996
Remove			
2) Change			
Remove			
3) Change			
Add			
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4) Change			
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5) Change			
☐ ∧dd			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
E. If amending or adding additional Articles, enter change(s) here: (Auach additional sheets, if necessary). (Be specific)
E. If amending or additional Articles, enter change(s) here: (Auach additional sheets. if necessary). (Be specific)
(Attach additional sheets, if necessary). (Be specific)
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)

The date of each amendment(date this document was signed.	s) adoption: 811 2019	, if other than the
•		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment(s) re sufficient for approval.	
The amendment(s) was/were must be separately provided	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated	3/1/2019	
Signaturo		
(B se	y a director, president or other officer — if directors or officers have not been lected, by an incorporator — if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	HOWARD S. HELFMAN MD (Typed or printed name of person signing)	
•	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	_