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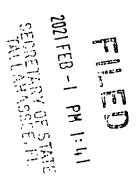
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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	ACADEME AND OBLIGE, PA
DOCUMENT NUMBER:	P19000070355
The enclosed Articles of Amenda	em and fee are submitted for filing.
Please return all correspondence c	oncerning this matter to the following:
	INKYONG PARRACK, M.D.
	Name of Contact Person
	Inkyong Parrack, MD, PA
 	Firm/ Company
	1509 FLOWER DR
	Address
	SARASOTA, FL 34239
	City/ State and Zip Code
	IParrack@veinsandarteries.com
E-mai	address: (to be used for future annual report notification)
For further information concerning	this matter, please call:
Ryan King, Esq.	erson at (352) 219 - 5351 Area Code & Daytime Telephone Number
Name of Contact I	erson Area Code & Daytime Telephone Number
Enclosed is a check for the follow	ng amount made payable to the Florida Department of State:
	75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee ficate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Addre Amendment Sec Division of Cor P.O. Box 6327	tion Amendment Section
Tallahassee, FL	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

FILED 2021 FEB - 1 PM 1:41

ACADEME AND OBLIGE, PA

(Name of Corporation as currently filed with the Florida Dept. of State TARY OF STATE TALLAHASSES STATE (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Inkyong Parrack, MD, PA name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/AB. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: . Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check 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)

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: X Change	<u>PT</u>	John De	<u>be</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	\underline{SV}	Sally Sr	<u>mith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change	· · · · · · · · · · · · · · · · · · ·			<u></u>
Add				
Remove 3) Remove				
Add				
Remove				_
4) Change				
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary). (Be specific) tatement of purpose for professional designation: Medical Services (Medicine) 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/4)	
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(if not applicable, indicate N/A)	
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The date of each	h amendment(s) adoption:	, if other than the
late this docume	· · · · · · · · · · · · · · · · · · ·	•
Effective date <u>if</u>	N/A - effective upon filing	
Mecuve date ii	(no more than 90 days after amendment file date)	
	te inserted in this block does not meet the applicable statutory filing requirements, this date ctive date on the Department of State's records.	e will not be listed as th
Adoption of Am	nendment(s) (CHECK ONE)	
The amendme action was no	ent(s) was/were adopted by the incorporators, or board of directors without shareholder action trequired.	n and shareholder
	ent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s holders was/were sufficient for approval.)
	nent(s) was/were approved by the shareholders through voting groups. The following statement arately provided for each voting group entitled to vote separately on the amendment(s):	nt .
"The nu	umber of votes cast for the amendment(s) was/were sufficient for approval	
by	, , , , , , , , , , , , , , , , , , , ,	
•	(voting group)	
•	January 27, 2021 Dated	
	Signature	
•	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Inkyong Parrack, MD	
	(Typed or printed name of person signing)	
	President	

(Title of person signing)