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.

(((H24000272790 3)))



H240002727903ABC0

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 : (850)617-6380

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 : (561)694-8107 Fax Number : (561)214-8442

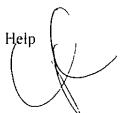
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN JOHN SOKOLOWICZ, M.D., P.A.

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

Electronic Filing Menu Corporate Filing Menu



Articles of Amendment to Articles of Incorporation of

JOHN SOKOLOWICZ, M.D., P.A.			
(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of Sta	<u>te</u> }
179157			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the	e following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
ame must be distinguishable and contain	ethaniand Communication C	"annually " or "incomposated" or the	Thenew
ame must be distinguishable and contail Inc.," or Co.," or the designation "C chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation name mu	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		8720 N Kendall Dr., Suite 108	1.7 11.4 (**)
		Miami, FL 33176	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8720 N Kendall Dr., Suite 108	;; ;;; ⊝
		Miami, FL 33176	<u> </u>
). If amending the registered agent as			<u>e</u>
new registered agent and/or the ne		SS:	
Name of New Registered Agent	Vinod Chainani		
	8720 N Kendall Dr., Suit	c 108	<u>-</u>
	(Florida s	treet address)	
New Registered Office Address:	Miami	, Florida	a33176
		(City)	(Zip Code)
New Registered Office Address: Miami New Registered Agent's Signature, if changing Registered Age		(City)	a
New Registered Agent's Signature, it can be designed as registered as re	tered agent. I am familia	nt: r with and accept the obligations of the	position.
1	s/ Vinod Chainani		
	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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address . 202
1) Change		John Sokolowicz	9260 Sunset Drive, Ste #220
Add			Miami, FL 33173
X Remove			
2) Change	P	Vinod Chainani	8720 N Kendall Dr., Suite 108 C
X Add			Miami, FL 33176
Remove 3) Change	\$	Monica Tewani	
X Add			8720 N Kendall Dr., Suite 108
Remove			Miami, FL 33176
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art (Attach additional sheets, if necessary).	(Re specific)	
(Attach adamonal succis, y necessary).	(be specific)	
		·
		· · · · · · · · · · · · · · · · · · ·
	······································	
		G
		7.2
		_
		-
		.2
F. If an amendment provides for an exc	nange, reclassification, or cancellation of is	sued shares.
provisions for implementing the amo	ndment if not contained in the amendmen	t itself:
(if not applicable, indicate N/A)		
	<u> </u>	

	ent(s) adoption:		, if other than th
date this document was sign	eu.		
Effective date if applicable	;		
	,,,		
	n this block does not meet the applicable statutory filing requirements, this date in the Department of State's records.	will no	ot be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)		
☐ The amendment(s) was/w action was not required.	vere adopted by the incorporators, or board of directors without shareholder action	ı and sh	areholder
	were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	I	
	vere approved by the shareholders through voting groups. The following statemen ded for each voting group entitled to vote separately on the amendment(s):	ıt	
"The number of vol	tes cast for the amendment(s) was/were sufficient for approval		
by	(voting group)		
	(voting group)	51	2025
Aug	ust 14th, 2024		
Dated			
Signature	(By a director, president or other officer – if directors or officers have not been		#F
	(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)		6.01
	Saray Djidji		
	(Typed or printed name of person signing)		
	Attorney in Fact		
	(Title of person signing)		