# COUTS1

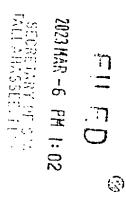
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### **COVER LETTER**

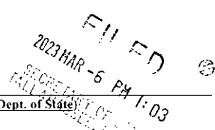
TO: Amendment Section Division of Corporations

• •

NAME OF CORPO	RATION: PALM BEACH P.	ATHOLOGY, P.A.	
DOCUMENT NUM			
The enclosed <i>Article</i>	s of Amendment and fee are su	ibmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Reynolds Cochrane		
		Name of Contact Person	1
		Firm/ Company	
	2801 Exchange Court		
	Address		
	West Palm Beach, FL 33409	)	
	<del></del>	City/ State and Zip Cod	9
	rjc@cochranecpa.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Reynolds Cochrane		at (_561	) 684-9566
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
\$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)
An Div P.C	iling Address cendment Section dision of Corporations D. Box 6327 lahassee, 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 to Articles of Incorporation of



(Name of Corporation as currently filed with the Florida Dept. of 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:

The new

name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "I "chartered," "professional association," or the at	nc," or "Co". A professional corpo	
B. Enter new principal office address, if application		
(Principal office address MUST BE A STREET)	ADDRESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	PAY:	
(Maining address MAT BE A FOST OF FICE	<u></u>	
		<del></del>
D. If amending the registered agent and/or reg		r the name of the
new registered agent and/or the new registe	red office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Ziv Code)

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)

Add

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 PT John Doe X Remove Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action <u>Title</u> Name Address (Check One) 1) X Change PD Bolton, Thomas A. MD 2801 Exchange Court West Palm Beach, Fl. 33409 \_\_\_\_ Add \_\_\_\_ Remove 2) X Change CD Sara, Alan, MD 2801 Exchange Court West Palm Beach, FL 33409 \_\_\_ Add \_ Remove 3 ) \_\_\_ Change \_\_\_\_ Add \_\_\_ Remove 4) \_\_\_\_ Change \_\_\_ Add Remove 5) \_\_\_\_ Change Add \_\_ Remove δ) \_\_\_\_ Change

Attach additional sheets, if necessary).	(Be specific)
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	<del>-</del> .
If an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, indiment if not contained in the amendment itself:

	doption: December 21, 2022	, if other than th
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file dat	v)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requireme partment of State's records.	nts, this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without share	cholder action and shareholder
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the autificient for approval.	mendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
Dated		
Signature	irector, president or other officer - if directors or officers hav	to not been
	d, by an incorporator – if in the hands of a receiver, trustee, o	
	ted fiduciary by that fiduciary)	
	Thomas A. Bolton, MD	
	(Typed or printed name of person signing)	
	President	

(Title of person signing)