604 932

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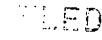
12/15/22---01019--002 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COI	RPORATION: Pautler Cohen Find	Hay Eichenbaum White an	d Crane MDs PA		
	SUMBER: 604932				
	ticles of Amendment and fee are su	bmitted for filing.			
Please return all	correspondence concerning this ma	tter to the following:			
	Pamela J Pautler				
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Perso	n		
	RetinaVitreous Associates of FL				
	- 	Firm/ Company			
	2705 W Saint Isabel St				
		Address			
	Tampa FL 33607				
		City/ State and Zip Cod	c		
	ppautler@rvaf.com				
		sed for future annual report	notification)		
For further inford	mation concerning this matter, please	se call:	、879-5795		
	ame of Contact Person	Area Co			
Enclosed is a che	rck for the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing F	ee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division The C 2415 i	Address Innent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment Articles of Incorporation of



Pautler Cohen Findlay Eichenbaum Whit	e and Crane MDs PA		2000 15 PH 3: U9
(Name o	of Corporation as currently	filed with the Florida D	ept. of State)
604932			STATE IS STATE
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Torida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
	<u> </u>		41
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp, " "Inc, " or "Co". A		
B. Enter new principal office address,			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		
		- .	
C. Enter new mailing address, if appl			
(Mailing address MAY BE A POST)	OFFICE BOX)		
ns te la			
D. If amending the registered agent an new registered agent and/or the new			iame of the
	Alfred A White MD		
Name of New Registered Agent	2705 W Saint Isabel Street		
	tFlorida stre	et address)	
N. B. S. LOW ALL	Tampa		73 - mail 33607
New Registered Office Addres		City)	, Florida(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent:	ith and accept the obligati	ions of the position
r nevery accept the appointment as regist	erea agent. Tam jamatar w	un unu uccepi ine oonguu	ons of the position.
t.	#	\geq	
	<i>y</i> —		
	J Signature of New Re	gistered Agent, if changing	Ŗ

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.

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)	Title	<u>Name</u>	<u>Addres</u> s	
1) X Change	V	Karina B Findlay	4344 Central Ave	
Add			St Pete FL 33711	
Remove				
2) X Change	P	Alfred A White MD	2705 W Saint Isabel St	
Add			Tampa FL 33607	
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change			-1445	
Add				
Remove			<u></u>	
6) Change				
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
. If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
,	
-	

10/01/2022 The date of each amendment(s) adoption: _ , if other than the date this document was signed. 01/01/2023 Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. (CHECK ONE) Adoption of Amendment(s) ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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 (voting group) 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) Karina B Findlay (Typed or printed name of person signing) V President

(Title of person signing)