## 684393

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## **CT CORP**

## (850) 656-4724 3558 lakesore Drive Tallahassee, FL 32312

D	ate: 12/12/2023	60000072 Gr: SW
	Acc#I20160	50000072
Name:	MID-FLORIDA HEMATOI	DLOGY & ONCOLOGY CENTERS, P.A.
Document #:		
Order #:	15274357	
Certified Copy of Arts & Amend: Plain Copy:		
Certificate of Good Standing:		
Certified Copy of		
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## Articles of Amendment to Articles of Incorporation of

FILED

MID-FLORIDA HEMATOLOGY & ONCOLOGY CENTERS, P.A.

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

2023 DEC 12 PM 12 35

MID-FLORIDA HEMATOLOGY & ONCOLOGY C		·-		010 12	11112 35
(Name of Corporation	on as currently fil	<u>ed with the Florida I</u>	Dept. of State)	1165.Y	. 4 51/43
684393			·	14.990	
(Docum	nent Number of Co	rporation (if known)			<del></del>
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this <i>Flor</i>	ida Profit Corporatio	n adopts the fol	llowing am	endment(s) to
A. If amending name, enter the new name of the co	orporation:				
				The	пеш
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc.," "chartered," "professional association," or the abbre	" or "Co". A pr	oany," or "incorporat ofessional corporatio	ed" or the abbr on name must o	eviation "C	orp.,"
B. Enter new principal office address, if applicable	<u>e:</u> _				
(Principal office address MUST BE A STREET ADL					
	-		-		
	-				<del></del>
C. Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u>)X</u> ) _				<del></del>
	_				
	_				
D. If amending the registered agent and/or register	red 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 a	iddress)			
New Registered Office Address:			. Florida		
New Registered Office Reariess.	(Cit	v)	, 1101104	(Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	gistered Agent:	and among the obliga	utions of the nor	diina	
Thereby accept the appointment as registered agent.	1 am jamuaar wun	ana accept the ootige	ntons of the pos	11111771.	
Sign	ature of New Regi:	stered Agent, if chang	ing		
Charle if annihashia					
Check if applicable					

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	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
Change			
Add		_	
Remove			
6) Change			
o, change		7	

-	nended in its entirety to read as follows:	
The aggregate number, class and par value, if any, of shares which the corporation shall have authority to issue shall be		
en thousand (10,000):	shares common stock, no par value.	
If an amendment i	provides for an exchange, reclassification, or cancellation of issued shares,	
	plementing the amendment if not contained in the amendment itself: ble, indicate N/A)	
provisions for im	,	
provisions for im		
provisions for im-		

 $\boldsymbol{r} = (r_1, \ldots, r_n) \in \boldsymbol{r}$ 

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file	e date)
Note: If the date inserted in this block does not meet the applicable statutory filing required ocument's effective date on the Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without saction was not required.	shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for t by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the ame	ollowing statement indment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voling group)	
12/7/2023	
DatedDocuSigned.by:	
SignatureSharma, M.D.	
(By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary)	
Necraj Sharma	
(Typed or printed name of person signing)	
President	
(Title of person signing)	