716/33

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COVER LETTER

TO: Amendment Section Division of Corporations

Marion County NAME OF CORPORATION:	Medical Society Inc.		
716133 DOCUMENT NUMBER:			
	when it and the City		
The enclosed Articles of Amendment and fee ar	e submitted for thing.		
Please return all correspondence concerning this	matter to the following:		
Sherry Budnick			
	(Name of Contact Perso	n)	
Marion County Medical Society			
	(Firm/ Company)		
PO Box 3655			
	(Address)		
Ocala, FL 34478			
	(City/ State and Zip Cod	le)	
mcmsocala1@gmail.com			
E-mail address: (to be	e used for future annual report	notification)	 ·
For further information concerning this matter, p	please call:		
Sherry Budnick	35 at	52 7	732-8883
(Name of Contact P	'erson) (A	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Florida Dep	partment of Sta	ate:
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St		Certified	te of Status Copy nal Copy is
Mailing Address Amendment Section		Address dment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Marion County Medical Society, Incorporated (Name of Corporation as currently filed with the Florida Dept. of State) 716133 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (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) (Zip 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

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 X_Remove X_Add	PT John Do V Mike Jo SV Sally Sn	nes			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change Add	<u>P</u>	Sushil Puskur, MD			
xx Remove					
2) <u>xx</u> Change Add	<u>P</u>	Mohammed ElMallah, MD			
Remove 3) ×× Change Add Remove	V	Anil Gogineni, MD			
4) Change Add	<u>T/S</u>	Rakesh Prashad, MD	2101 SW 20th Place Ocala, FL 34471		
Remove					
5) Change Add					
Remove					
6) Change Add					
Remove					
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
Mohammed ElMallah, MD moved from V to P					
Anil Gogineni, MD moved from S/T to V					
Rakesh Prashad, MD moved into the S/T position					
Sushil Puskur, MD moved out of P position.					

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	A	
The date of each amendment	(s) adoption: August 20th, 2020	, if other than the
date this document was signed	August 20, 2020	
Effective date if applicable:	(no more than 90 days after amendment file date)	
A		
Note: If the date inserted in the document's effective date on t	is block does not meet the applicable statutory filing requiremed Department of State's records.	ents, this date will not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.				
Dated	August 24th, 2020			
Signature	"Strong Budness			
	By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)			
	Sherry Budnick			
	(Typed or printed name of person signing)			
	Executive Director			
	(Title of person signing)			