716133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL
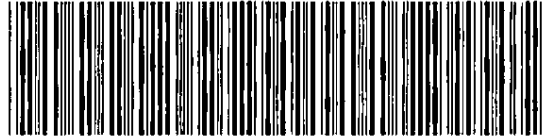
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MARION COUNTY MEDICAL SOCIETY, INC

DOCUMENT NUMBER: 716133

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHERRY BUDNICK
_____
Name of Contact Person

MARION COUNTY MEDICAL SOCIETY, INC
_____
Firm/ Company

PO BOX 3655
_____
Address

OCALA, FL 34478
_____
City/ State and Zip Code

MCMSOCALA1@GMAIL.COM
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHERRY BUDNICK   352   732-8883
_____ at (_____) _____
Name of Contact Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

■ $35 Filing Fee   ☐ $43.75 Filing Fee &   ☐ $43.75 Filing Fee &   ☐ $52.50 Filing Fee
                      Certificate of Status   Certified Copy   Certificate of Status
                                                (Additional copy is   Certified Copy
                                                enclosed)   (Additional Copy
                                                                          is enclosed)

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

Articles of Amendment
to
Articles of Incorporation
of

MARION COUNTY MEDICAL SOCIETY

(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 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 "corporation," "company," or "incorporated" or the abbreviation "Corp.." "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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

Check if applicable
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) X Change ___ Add ___ Remove	SEC / TI	RENA HARRINGTON. MD	1515 E SILVER SPRINGS BLVD #149 OCALA, FL 34470
2) ___ Change X Add ___ Remove	PRESID	RENA HARRINGTON, MD	1515 E SILVER SPRINGS BLVD #149 OCALA, FL 34470
3) ___ Change ___ Add X Remove	PRESID	RAKESH PRASHAD, MD	
4) ___ Change ___ Add X Remove	PRESID	YOUSEF ELYAMAN, MD	
5) ___ Change X Add ___ Remove	PRESID	JANICE BROWN, MD	1515 E SILVER SPRINGS BLVD #149 OCALA, FL 34470
6) ___ Change X Add ___ Remove	SEC / TI	SUKAMARAN RAMASWAMI, ME	1515 E SILVER SPRINGS BLVD #149 OCALA, FL 34470

E. If amending or adding additional Articles, enter change(s) here:
(Attach *additional sheets, if necessary).* *(Be specific)*

_____

_____

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

_____

_____

_____

_____

_____

_____

_____

_____

SEPTEMEBR IST, 2024

The date of each amendment(s) adoption: _____, if other than the
date this document was signed.

SEPTEMBER IST, 2024

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.

Adoption of Amendment(s) **(CHECK ONE)**

☒ 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

by   MCMS EXECUTIVE BOARD & GENERAL MEMBERSHIP _____."
     _____
                    (voting group)

10/3/2025
Dated_____

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)

SHERRY BUDNICK

_____
(Typed or printed name of person signing)

EXEUTIVE DIRECTOR