· To: 18506176360 From: 12147128131 Date: 02/23/23 Time: 4:40 PM Page: 01/03

2/23/23, 9:39 A M

# Division of Corporations

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Division of Corporations

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#### From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

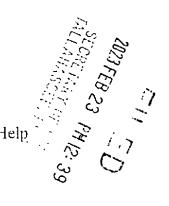
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### COR AMND/RESTATE/CORRECT OR O/D RESIGN HIGI CARE NETWORK (DE), P.A. INC.

Certificate of Status	0
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#### PROFIT CORPORATION

## APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607 1504, F.S.).

		FION I COMPLETED)		2023 SECO 2023	
		COMPLETED)		照照	: 7
IF22	000002464			323 385	-
	•	corporation (if known)		771 ==	
HIGI CARE NETWORK (DE), P.A. IN				- : PH	
Delaware 2.	corporation as it appears on	3. 04/20/2022		12: 40	
(Incorporated under	r laws of)	(Date author	rized to do busin	ess in Florida)	$\sigma_2$
(4- 4 If the amendment changes the name of the incorporation?  (Name of corporation after the amendment contained in new name of the corporation after the amendment changes the periods.)  (If new name is unavailable in Florida, contained in meaning the periods)	rent, adding suffix "corporation)	ne change effected under	the laws of its ju	opropriate abbrev	
7 If the amendment changes the juris		luration) licate new jurisdiction.			
	(New Jun	risdiction)			
S. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent			nume of the	_	
	14 (65 (146 )1776)				
New Registered Office Address	(City)		, Florida( <i>Zi</i>	in Cade)	
New Registered Agent's Signature, it Thereby accept the appointment as regi	changing Registered Age	<u>nt:</u>		•	

. To: 18506176380 From: 12147128131 Date: 02/23/23 Time: 4:40 PM Page: 03/03

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9. If the amendment changes person, title or capacity in accordance with 607-1504 (4), indicate that change,

Title/ Capacity	Name	Address	Type of Action
DP	DR. JARON ROSS M.D.	4500 NORTH STATE ROAD 7, SUITE	102 Add
		LAUDERDALE LAKES, FL 33319	<b>⊡</b> Remove
DP	Dr. Michael Haftan, M.D.	4500 North State Road 7, State 102	⊒Add
		Lauderdale Lakes, FL. US, 33319	Remove
			<b>D</b> Add
			i□Remove
			Remove
<del></del>			🗖 Add
			Remove
10. Attached is a of the applica under the law	certificate or document of similar import, tion to the Department of State, by the Secre is of which it is incorporated	evidencing the amendment, authenticated no etary of State or other official having custody	of more than 90 days prior to delive of corporate records in the jurisdiction
	(Signature of a dire	Ur. Milliall Hafran. etor, president or other officer - if in the hand court appointed fiduciary, by that fiduciary)	ds of
Di	Michael Hafran, M.D	,,	and Director
	(Typed or printed name of person signing)	(Title of per	son signing)

FILING FEE \$35.00