F24000000936

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Date:	10/28/2024				
	Patrice Rus	sh			
Reference #	±:25307(62			
	HEURO HEAL		AL OF PE	<u>NNSYLVANIA</u>	, PC
Articl	les of Incorporation/A	Authorization t	o Transact Bu	rsiness	
✓ Ame	ndment				
☐ Char	nge of Agent				
☐ Rein	statement				
Conv	version				
☐ Merg	ger				
☐ Disse	olution/Withdrawal				
☐ Fictit	ious Name				
Othe	·(<u> </u>		
Authorized	Amount:	\$35.00			
Signature:	(Pattle	<u> </u>			

F: 800.944.6607

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.)

SECTION I (1-3 MUST BE COMPLETED)

F24000000936 (Document number of corporation (if known) HEURO HEALTH MEDICAL OF PENNSYLVANIA, PC INC. (Name of corporation as it appears on the records of the Department of State) Pennsylvania (Date authorized to do business in Florida) (Incorporated under laws of) SECTION II (4-7 COMPLETE ONLY THE APPLICABLE CHANGES) 4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation) (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) If the amendment changes the period of duration, indicate new period of duration. (New duration) If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction. 7. (New jurisdiction) 8. 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: (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

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change: Type of Action Title/ Capacity Name Address LAWRENCE ESKEW 1675 ROUTE 228 #1102 PD □Add CRANBERRY TOWNSHIP, PA 16066 **⊠**Remove PD Alex Mohseni 350C Fortune Ter #227 **⊠**Add Potomac MD 20854 Remove □Add Remove □Add Remove \square Add Remove 10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated. (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) Alex Mohseni President (Title of person signing) (Typed or printed name of person signing)

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