F5058

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SECRETARY OF STATE

OCT 1 % 2013 R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME	OF CORPORAT	ION: MOENNING	MOENNING &	GUARIN	IO, M.	D.'S, P.A.		
DOCU	MENT NUMBER	:F50587	*					
The end	closed Articles of A	mendment and fee are sub	omitted for filing					
Please	return all correspond	dence concerning this mat	ter to the followi	ng:				
		STEDHEND M	OENNING MI	5				
		STEPHEN P. M						
			Name of Cont	act Persor	1			
	Firm/ Company							
610 OLYMPIA AVE., SUITE 201								
	Address							
	PUNTA GORGA, FL 33950							
			City/ State and	d Zip Code	е			
	smoenning@mac.com							
		E-mail address: (to be use	ed for future anni	ual report	notific	eation)		
For furt	her information con	cerning this matter, please	call:					
ED	WARD A. HUTCH	HISON, JR.	at (850	_)	769-1414		
	Name of Co		Area Co	de & D	Paytime Telephone Number			
Enclose	d is a check for the	following amount made p	ayable to the Flo	rida Depa	rtment	of State:		
⊠ \$ 35	Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Cop (Additional conclosed)	рy	Ce Ce (A	2.50 Filing Fee entificate of Status entified Copy additional Copy enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				Clifton 2661 E	ment S n of Co Buildi xecutiv	ection orporations		

Articles of Amendment

	Articles of Incorporation	. ₩ OCIII A	411:10
	of	SECRETARY OF	STATE:
MOENING MOENNING & GUA (Name of Corporation as curren		MILAHASSLE F	LORINA .
	try med with the Florida Depi	i, of State)	- A Second and
F50587 (Document Numb	er of Corporation (if known)		
ursuant to the provisions of section 607.1006, Fl s Articles of Incorporation:	lorida Statutes, this Florida Pro	fit Corporation adopts the follow	ing amendment
If amending name, enter the new name of the	<u>he corporation:</u>		
STEPHEN P. MOENNING, M.I	D., P.A.		The new
Corp.," "Inc.," or Co.," or the designation "Cord "chartered," "professional association," or Enter new principal office address, if applic	r the abbreviation "P.A."	ofessional corporation name mus	st contain the
rincipal office address MUST BE A STREET	ADDRESS)		

Parameter Al 16 Mars			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	S BOX)		
			_
•			
		<u> </u>	_
If amending the registered agent and/or reg	ristered office address in Flori	da, enter the name of the	
new registered agent and/or the new registe			
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		. Florida	
	(Clty)	(Zip Code)	
w Registered Agent's Signature, if changing	Registered Agent:		
ereby accept the appointment as registered age	nt. I am familiar with and acc	ept the obligations of the position	!.
Signature of	of New Registered Agent, if cha	nging	

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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>sith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				4
2) Change				
Add				
Remove			•	· · · · · · · · · · · · · · · · · · ·
3) Change				· · · · · · · · · · · · · · · · · · ·
Add		_		
Remove				
4) Change				·
Add		•		
Remove				
o.				
5) Change		-	T-Marifishin-1d-T-Marin-1	
Add				
Remove				
б) Change		- .		
Add				
Remove				

tach additional sheets, if necessary).	<u>cles, enter chang</u> (Be specific)			
**************************************			****	
			<u> </u>	
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		<u>.</u>		<u> </u>
n amendment provides for an exch	ange, reclassifica	tion, or cancellat	ion of issued shar	es.
ovisions for implementing the amen (if not applicable, indicate N/A)	dment if not con	tained in the ame	ndment itself:	
,				

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				-
				.

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated $W[\tau]$	
Signature # # Signature	-
(By a diffector, president/or 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)	
STEPHEN P. MOENNING, M.D.	Manuscathhama
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	