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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: ROBERT F. DELL	JCA, M.D.,P.A.				
DOCUMENT NUMBE	FC0777					
The enclosed Articles of	Amendment and fee are sub	omitted for filing.				
Please return all corresp	ondence concerning this mat	ter to the following:				
F	OBERT F. DELUCA					
_	Name of Contact Person					
F	PAIN CENTER OF PALM BEACH					
_		Firm/ Company				
6	6295 LAKE WORTH RD. SUITE 30					
_		Address				
£	AKE WORTH, FL 33463					
_		City/ State and Zip Code	<u>-</u>			
roberto	leluca1944@gmail.com					
	E-mail address: (to be use	ed for future annual report	notification)			
For further information ROBERT F. DELUCA	concerning this matter, pleas	561	969-3025			
Name of Contact Person		at (Area Co) de & Daytime Telephone Number			
	the following amount made p		,			
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301			

Articles of Amendment to Articles of Incorporation of

FILED

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SECURIARY TO STATE
ALL THE THURSDA

ROBERT F. DELUCA, M.D., P.A.

(<u>Name</u>)	of Corporation as currently	filed with the Florida Dept. of	<u>State</u>)
F60777			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Torida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or "C	lo". A professional corporation	d" or the abbreviation
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6295 LAKE WORTH RD. SU	ЛТЕ 30
		LAKE WORTH, FL 33463	
D. If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the name of	the
Name of New Registered Agent			
•	6295 LAKE WORTH RD.	SUITE 30	
	(Florida stree	et address)	
New Registered Office Address:	LAKE WORTH, FL	, Flo	33463
The second of th	(1)	City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligations of t	he position.
·	Signature of New Re	gistered 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 = Chie 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	CEO	ROBERT F. DELUCA M.D.	6295 LAKE WORTH RD
Add			LAKE WORTH, FL 33463
Remove			
2) Change	Р	ROBERT F. DELUCA	6295 LAKE WORTH RD
X Add			LAKE WORTH, FL 33463
Remove			 .
3) Change			-
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
6) Chance			
6) Change			
Add			·
Remove			

- (Atta I/A	ach additional sheets, if necessary). (Be specific)
-	
If a	a amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
/A	

08/01/2018	20 1 1 1
The date of each amendment(s) adoption:	, if other than th
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 document's effective date on the Department of State's records.	date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
08/01/2018 Dated Signature	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
ROBERT DELUCA	
(Typed or printed name of person signing)	
TRESIDENT	
(Title of person signing)	