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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Dennis A. Mazal	, M.D., P.A.	
DOCUMENT NUM	BER:		
The enclosed <i>Articles</i>	of Amendment and fee are so	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Dennis A. Mazal, M.D.		
		Name of Contact Perso	n
	Dennis A. Mazal, M.D., P.,		
		·	<u> </u>
	40005 Dl D. I Ct 1	Firm/ Company	
	10865 Blue Palm Street		
		Address	
	Plantation, Florida 33324		
		City/ State and Zip Cod	le
denn	ismazal@hotmail.com	,	
	-	sed for future annual report	and the same of th
	E-man address; (to be u	sea for future annual report	notification)
For further information	n concerning this matter, pleas	eo calle	
or turner informatio	in concerning this matter, preas	se can.	
Dennis A. Mazal, M	.D.	305 at (919-8203
Name	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ling Address	Street	Address
	endment Section		Iment Section
	ision of Corporations		on of Corporations
P.O. Box 6327 Tallahassee, FL 32314			n Building Executive Center Circle
1 311	anacocc, tribebla		assee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

18 JUL -9 AM 9 14

Dennis A Mazal M.D. P.A.

Dennis A. Mazal, M.D., P.A.			た (4 E) A - か 1 ラ (4) 性 インスト・コール かまくだい (3 A
(<u>Name</u>	of Corporation as curr	ently filed with the Florid	a Dept. of State)
G09827			
	(Document Number	er of Corporation (if known	<u> </u>
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, t	his <i>Florida Profit Corpora</i>	ntion adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation	<u>.</u>	
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," c	or "Co". A professional c	
R. Enter new principal office address	if annlicable:	10865 Blue Palm	Street
	3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		33324
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10865 Blue Palm S	Street
		Plantation, Florida	33324
D. If amending the registered agent an new registered agent and/or the new	d/or registered office a	ddress in Florida, enter tl	he name of the
Name of New Registered Agent			
	10865 Blue Palm Str	eet	
	(Florida	i street address)	
New Registered Office Address:	Plantation		, Florida 33324
New Registered Control Haurens.		(City)	(Zip Code)

Signature of New Registered 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 = 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	<u>PT</u>	John De	<u>ae</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_ .		
Add				· · · · · · · · · · · · · · · · · · ·
Remove				
4) Change		_		
Add				
Remove				
5) Chann				
5) Change		_		·
Add				
Remove				
6)Change		_		
Add				
Remove				

	(Be specific)
	
	
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f an amendment provides for an eych	hange reclassification or cancellation of is and charm
f an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
	no more than 90 days after amendment file date)
Note: If the date inserted in this block does no document's effective date on the Department of S	meet the applicable statutory filing requirements, this date will not be listed as the ate's records.
Adoption of Amendment(s) (CHF	<u>CK ONE</u>)
The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap	archolders. The number of votes east for the amendment(s) aroyal.
☐ The amendment(s) was/were approved by the must be separately provided for each voting g	nareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):
"The number of votes cast for the amend	nent(s) was/were sufficient for approval
by	
(votin	group)
☐ The amendment(s) was/were adopted by the beaction was not required.	ard of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the ir action was not required.	corporators without shareholder action and shareholder
July 6, 2018	
DatedSignature	nt or other officer – if directors or officers have not been
	orator – if in the hands of a receiver, trustee, or other court
Dennis A. M	nzal
(T	ped or printed name of person signing)
M.D.	
	(Title of person signing)

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