G31896

_ 	(Requestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Bay Area Heart Ce	enter, PA	
DOCUMENT NUM	IBER: G31896		<u> </u>
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Sandy Collier		
		Name of Contact Person	
	Bay Area Heart Center, PA		
	······································	Firm/ Company	
	5398 Park St. N		
	Address		
	St Petersburg, FL 33709-104	1	
		City/ State and Zip Code	
SCO	OLLIER@BAHC.COM		
	E-mail address: (to be us	ed for future annual report	notification)
For further informati	on concerning this matter, pleas	e call:	
Sandy Collier		727 at (544-1441 ext. 150 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made p	payable to the Florida Depa	rtment of State:
S35 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)
An Di P.C	niling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building Secutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	Articles
Bay Area Heart Center, PA	
	(Name of Corporation as cu

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
G31896	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A 5: 8
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	FILE 22
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A O
D. If amending the registered agent and/or registered office ad-	
new registered agent and/or the new registered of fice addre	555:
Name of New Registered Agent	
(Florida s	rreet address)
New Registered Office Address: N/A	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the position.
N/A	
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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
E) Change	<u>V</u>	Miguel Giannoni Delgado	Bay Area Heart Center, PA
Add			5398 Park St N
Remove			St Petersburg, FL 33709
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			.
Add			
Remove			
57 Change			-
Add			
Remove			
6) Change			
Add			
Remove			

	n additional sheets, if necessary). (Be specific)
/A	
<u>-</u>	
16.5	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	isions for implementing the amendment if not contained in the amendment itself:
	if not applicable, indicate N/A)
/A	

	7/1/2018	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :	8/1/2018	
<u></u>	(no more than 90 days after a	mendment file date)
Note: If the date inserted in this document's effective date on the D		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of voifficient for approval.	otes cast for the amendment(s)
	proved by the shareholders through voting greach voting group entitled to vote separately	
	for the amendment(s) was/were sufficient fo	or approval
by	(voting group)	"
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without share	holder action and shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without sharehold	er action and shareholder
Dated 8/2//	Nohan & Redely	
Sionoture	Mohan C Redely	
(By a c	firector, president or other officer – if directo	ors or officers have not been
selecte	d, by an incorporator - if in the hands of a re	
аррон	ted fiduciary by that fiduciary)	
	Mohan S. Reddy, MD	
	(Typed or printed name of perso	n signing)
	President	
	(Title of person sign	ing)

. . . .