## G 31896

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)	,			
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: BAY AREA	HEART CENTER, PA	
DOCUMENT NUMB	ER: G31896		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	·
Please return all corres	pondence concerning this ma	tter to the following:	
	Candy Calling		
-	Sandy Collier	Name of Contact Persor	
		Name of Contact Persor	1
	Bay Area Heart Center,		
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	5398 Park St N		
•		Address	
	St. Petersburg, FL 33	709-1041	
-		City/ State and Zip Code	
		only state and hip cour	•
	Scollier@bahc.com		
-	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call	
	O		
Sandy Collier		at (727	
	of Contact Person	at (Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi: P.O.	ing Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

of Bay Area Heart Center, PA (Name of Corporation as currently filed with the Florida Dept. of State) G31896 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: N/A (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) N/A D. 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 N/A (Florida street address) New Registered Office Address: Florida (City) (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.

N/A
Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:			S. M. W. Mu.	
X Change	<u>PT</u>	<u>John D</u>	<u>oc</u>	
X Remove	<u>V</u>	Mike J	ones	
_X Add	<u>sv</u>	<u>Sally S</u>	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change		_ <del>_</del>	James H. Skorczewski	Bay Area Heart Center, PA
_X_ Add				5398 Park St N
Remove				St. Petersburg, FL 33709
2) Change		_		
Add				
Remove 3) Change		<del></del>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change	_	_		
Add				

(Transitional)	tional sheets, if	necessary).	(Be specific)					
_N/A								
IN/A								
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f. <u>If an amend</u>	ment provide:	<u>s for an exch</u>	ange, reclassific	eation, or ca	ncellation of	issued share	s.	
provisions	ioi mipiemeni	ting the amer	idment if not co	ontained in t	he amendme	ent itself:	<u>~1</u>	
(if not a	pplicable, indi	icate N/A)			-			
<b>.</b> 174								
N/A	<del></del>	<del></del>						
			<u> </u>					
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	<u>.                                    </u>					<del></del>	<del></del>	
					_		<u></u>	<del> ,,_</del>

The date of each amendment(s) adoption date this document was signed.	on:1/12/2021	, if other than th
Effective date if applicable: 4/1/2	2021	
	(no more than 90 days after	r amendment file date)
Note: If the date inserted in this block of document's effective date on the Departm	does not meet the applicable statu- tion of State's records.	tory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by action was not required.	by the incorporators, or board of di	rectors without shareholder action and shareholder
EX The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of the for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each	by the shareholders through voting group entitled to vote separ	g groups. The following statement ately on the amendment(s):
"The number of votes cast for the	e amendment(s) was/were sufficier	nt for approval
by		
	(voting group)	<del></del> ;
Dated3/17/2021		
Signature Molan	S. Redely	
selected, by a	, president or other officer – if dire n incorporator – if in the hands of uciary by that fiduciary)	ectors or officers have not been a receiver, trustee, or other court
Mo	phan Reddy, MD	
	(Typed or printed name of pe	rson signing)
Pı	resident	
	(Title of person signing)	