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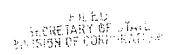
COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	DRATION: Donald C. Marcus,	D.O., P.A.			
DOCUMENT NUMBER: G50600					
The enclosed Article	es of Amendment and fee are sul	bmitted for filing.	•		
Please return all corr	respondence concerning this mat	ter to the following:			
	Lynda Barrie				
		Name of Contact Person	1		
	Sunrise Pediatrics				
		Firm/ Company			
	6766 W. Sunrise Blvd., Ste 101				
Address					
	Plantation, FL 33313				
		City/ State and Zip Code	•		
lba	rrie@sunrisepdes.com				
	E-mail address: (to be us	ed for future annual report	notification)		
For further informat	ion concerning this matter, pleas	e call:			
Ann Bittinger		at (821-9000		
Nam	e of Contact Person	Area Co	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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Donald C. Marcus, D.O., P.A.

2017 JAN 19 AMII: 17

Donaid C. Marcus, D.O., P.A.		CON CARS 12	•
(Name	of Corporation as currently file	d with the Florida Dept. of State)	
G50600			
	(Document Number of Corp	poration (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this <i>Flori</i>	da Profit Corporation adopts the following amend	lment(s) t
A. If amending name, enter the new na	ame of the corporation:	,	
	nation "Corp," "Inc," or "Co".	The n 'company," or "incorporated" or the abbreviati A professional corporation name must contain i	tion
B. Enter new principal office address,	if annlicable.		
(Principal office address MUST BE A S			
			_
C . 10-4	·		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
			_
			_
	_		
*			
D. If amending the registered agent ar new registered agent and/or the ne		n Florida, enter the name of the	
new registered agent and or the ne	Michael J. Freimark M.D.		
Name of New Registered Agent	Wilchael J. Fleithark W.D.		
	6766 W. Sunrise Blvd., Ste 101		
	(Florida street ac	ldress)	
New Registered Office Address:	Plantation	. Florida ³³³¹³	
New Yoganerous Office Huan ons.	(City,		_
	_		
New Registered Agent's Signature, if o	hanging Registered Agent:	1 _	
I hereby accept the appointment as regis	tered agent. I lim familier with	ind accept the obligations of the position.	
$\frac{1}{1}$	Signature of New Regist	ered Agent, if changing	
1/			

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PSD	Donald C. Marcus, D.O.	6766 W. Sunrise Blvd.
Add			Plantation, FL 33313
X Remove			
2) Change	PSD	Michael J. Freimark M.D.	6766 W. Sunrise Blvd.
X Add			Plantation, FL 33313
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			-
Add			
Remove			····
6) Change			
, Add			
Remove			

	(Be specific)
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and and an and an and an angel and an angel and an angel and and an angel an angel and an angel an angel and an angel an angel and an angel an angel and an angel an angel and an angel an angel and an angel and an angel an angel and an angel
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

The date of each amendment(s) adoption:	<u>† n ⊬</u> {_if other than the
date this document was signed.	SIVISION OF CORPORATION
Effective date if applicable:	after amendment file date) 2017 JAN 19 AM 11: 17
(no more than 90 days	after amendment file date) CON SAN 13 AFF
Note: If the date inserted in this block does not meet the applicable s' document's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The numb by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vomust be separately provided for each voting group entitled to vote se	oting groups. The following statement parately on the amendment(s):
"The number of votes cast for the amendment(s) was/were suffice	cient for approval
by	,,,
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors withou action was not required.	t shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sha action was not required.	areholder action and shareholder
Dated	
(By a director, president or other officer – if selected, by an incorporator – if in the hands	
appointed fiduciary by that fiduciary)	of a receiver, trustee, or other court
Michael J. Freimark M.D.	
(Typed or printed name of	f person signing)
Shareholder	
(Title of pers	on signing)