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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Florida Center for	Gastroenterology PA	
DOCUMENT NUN			
	s of Amendment and fee are s	ubmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Michael Schulman, DO		
		Name of Contact Persor	1
	Florida Center for Gastroente	erology	
	-	Firm/ Company	
	8250 Bryan Dairy Road, Sui	• •	
	-	Address	
	Largo, FL 33777		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	
Tina	Corsetti@fdhs.com		į,
	-	sed for future annual report	
For further information	on concerning this matter, plea	se call:	
Michael Schulman		at (⁷²⁷) 560-7968 de & Daytime Telephone Number
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment of State;
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section rision of Corporations D. Box 6327 labassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Florida Center for Gastroenterology, P.A.			
(Name of Corporation as curren	tly filed with the Florida	Dept. of State)	
K00790			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporat	ion adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation:			
N/A			The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional co		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A		
(Frincipal office address SIOST DE A STREET ADDRESS)			m.1
			916
	·····		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	-	1 2"
maning duries MAT IN A POST OF FICE BOX			
			_
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address		e name of the	8
N/A Name of New Registered Agent			
tFlorida s	street address)		
New Registered Office Address:		, Florida ^{N/A}	
	(City)	(Zip Co	de)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		ations of the position.	

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: XChange	<u>PT</u>	John Doc			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	Name	e		<u>Addres</u> s
1) Change	D	Justin	n R Nudell		8250 Bryan Dairy Road
XAdd					Suite 200
Remove					Largo, FL 33777
2) Change					
Add					
Remove					
3) Change		 			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		- -			
Add					
Remove					
6) Change		<u> </u>			
Add				_	
Remove					

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A

	September 5, 2019	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
-	eptember 5, 2019	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
09/05/20 Dated	19	
Signature	Lee Dleuder	
	director, president or other officer - if directors or officers have not been	
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Michael Schulman	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	