L51349

(Re	equestor's Name))
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: KENNETH A. SAI	BACINSKI, D.P.M., P.A.	
DOCUMENT NUMBI	151310		
The enclosed Articles of	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
,	Janessa Inchausti		
-		Name of Contact Person	
1	larvard Podiarty		
-		Firm/ Company	
I	150 N 35th Ave Suite 225		. <u> </u>
-		Address	
ı	follywood, FL 33021		
-	•	City/ State and Zip Code	
Vinnece	a@ palmyascular.com		
	•	sed for future annual report	notification)
		•	
For further information	concerning this matter, pleas	se call:	
Vanessa Inchausti		786	352-0344
Name o	f 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation

171	ı	ш	W	ι,

·	on as currently filed with the Florida Dept. of State)	
L51349		
(Docume	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida is Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following	; amendment(s) t
. If amending name, enter the new name of the cor	poration:	
S/A		The new
	l="corporation," "company," or "incorporated" or the ab " "Inc," or "Co" - A professional corporation name must c	breviation
3. Enter new principal office address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDI		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	N/A	
William Control of the Control of th		
		() ·
. If amending the registered agent and/or registere	ed office address in Florida, enter the name of the	
new registered agent and/or the new registered o		ا با ما ما ما
Name of New Registered Agent N/A		;; 3.7•
		に た co 元
	(Florida street address)	
		- :
New Registered Office Address:	(Cuv) Florida	
ew Registered Agent's Signature, if changing Regis		
hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.	
·		
Signa	ture 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		
1) Change	T	SABACINSKI, DIANA L.	1150 N 35TH AVE SUITE 225		
Add			HOLLYWOOD, FL 33021		
X Remove					
2) Change					
Add					
Remove					
3 Change					
Add			Agr. 4 pro-		
Remove					
4) Change					
Add					
Remove			44.4		
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

a. <u>11 amene</u> (Attach <i>a</i>	d <mark>ing or adding additional Ar</mark> additional sheets, if necessary)	ucies, enter chang . (Be specific)	<u>e(s) nere</u> :			
N/A						
						
	** · ** · · · · · · · · · · · · · · · ·					
			<u></u>			
		-				
						
 						
		 				
. <u>If an am</u> provisi	endment provides for an exc ons for implementing the am	hange, reclassifica	ation, or cancellas	<u>tion of issued sha</u> endment itself:	res.	
(if)	not applicable, indicate N/A)	CHOICH HOVE		CHAIRCH MANY		
SIA						
		<u> </u>				
				-		
<u></u>					<u> </u>	
						-
	<u> </u>					

04-12-19	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
N/A	
Effective date if applicable:	
(no more than 90) days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by	
 □ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. □ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. 	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
KENNETH A. SABACINSKI	
(Typed or printed name of person signing)	
Owner/Medical Director	
(Title of person signing)	