m79688

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

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TO: Amendment Section

Division of Corporations

NAME OF CORPO	RATION: PATIENTS' FIRS	T PARKWAY INC.	· •
DOCUMENT NUM	BER:		
The enclosed Articles	of Amendment and fee are su	ubmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Brian S. Webb		
		Name of Contact Person	1
· · · · ·	Patients First		
		Firm/ Company	-
	2907 Kerry Forest Parkway		
		Address	
	Tallahassee, FL 32309		
		City/ State and Zip Code	
Bria	n@patientsfirst.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Brian S. Webb		at (850	688-3380
Name	of Contact Person	· · · · · · · · · · · · · · · · · · ·	de & Daytime Telephone Number
Enclosed is a check for	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)	□\$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		Amend Divisio Clifton	Address ment Section n of Corporations Building yecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to



17 JUN 14 AM 11: 03

PATIENTS' FIRST PARKWAY, INC. (Name of Corporation as currently filed with the Florida Dept. of State) M79688 (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: PF PARKWAY, INC. 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: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: 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. 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 Do	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) al				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

(Attach additiona	adding additional Articles, enter change(s) here: all sheets, if necessary). (Be specific)	
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		 .
 		
<u>provisions for i</u>	t provides for an exchange, reclassification, or cancellation of issued shares, mplementing the amendment if not contained in the amendment itself: icable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·	

. · · · •	July 1, 2016	
The date of each amendment		, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	July 1, 2016	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(see sufficient for approval.	š)
	e approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
-	(voting group)	
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholde	er
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
JULY Dated	1, 2016	
	B: 1/1//	
Signature	Dun Webb	
`	y a director, president or other officer – if directors or officers have not been	
	lected, by an incorporator – if in the hands of a receiver, trustee, or other cour pointed fiduciary by that fiduciary)	ι
ap	pointed inductary by that inductary)	
	BRIAN S. WEBB	
	(Typed or printed name of person signing)	
	President	

(Title of person signing)