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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Heart University Foundation, Inc.

DOCUMENT NUMBER: N00000008277

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael E. McIvor, M.D., P.A.
(Name of Contact Person)

Heart University Foundation, Inc.
(Firm/ Company)

900 Central Avenue
(Address)

St. Petersburg, FL 33705
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Michael E. McIvor at (727) 823-4278
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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Mailing Address Street Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
400 E. Gaines Street
Tallahassee, FL 32399

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U.S. DEPT. OF JUSTICE

(Name of corporation as currently filed with the Florida Dept. of State)

(Document number of corporation (if known))

NEW CORPORATE NAME (if changing):

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

Please delete Judith Reddinger as an officer of the corporation and as the registered agent.
The new registered agent shall be Michael E. McIvor, M.D., P.A., 900 Central Avenue , St. Petersburg,
Florida 33705

(continued)

The date of adoption of the amendment(s) was: October 6, 2004

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 6th day of October, 2004

Signature Michael E. McIvor
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Michael E. McIvor, M.D., P.A.
(Typed or printed name of person signing)

President / Registered Agent
(Title of person signing)

I hereby am familiar with and accept the duties of being registered agent

FILING FEE: \$35