

N23000013996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

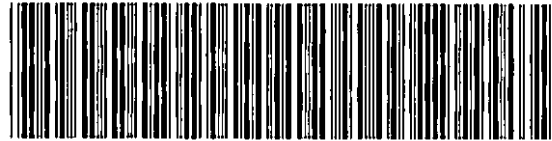
(Business Entity Name)

(Document Number)

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Amend

FILED  
2023 DEC -4 AM 10:19  
TALLAHASSEE, FLORIDA

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2023 DEC -4 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. RAMSEY  
DEC -5 2023



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 12/04/2023

Name: Juliana

Reference #: 2203606

Entity Name: FLORIDA INDEPENDENT PHYSICIAN PRACTICE ASSOCIATION, INC.

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$35.00

Signature: Juliana Prestia

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2023 DEC -4 AM 10:19

Florida Independent Physician Practice Association, Inc.

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

N23000013996

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

N/A *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

N/A

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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:

N/A

N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

Florida

(Zip Code)

**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                      PT        John Doe  
X Remove                    V        Mike Jones  
X Add                        SV       Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>✓</u> Add	<u>CP</u>	<u>Harvey C. Taub, M.D.</u>	<u>1901 SE 18th Avenue, Suite 300</u> <u>Ocala, Florida 34471</u>
2) <u>✓</u> Add	<u>V</u>	<u>Eugenio J. Hernandez, M.D.</u>	<u>9500 S. Dadeland Blvd., Suite 200</u> <u>Miami, Florida 33156</u>
3) <u>✓</u> Add	<u>ST</u>	<u>Seth Steinberg, M.D.</u>	<u>1397 Medical Park Blvd., Suite 300</u> <u>Wellington, FL 33414</u>
4) <u>✓</u> Add	<u>AT</u>	<u>Lawrence Freni</u>	<u>9500 S. Dadeland Blvd., Suite 200</u> <u>Miami, Florida 33156</u>

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

N/A

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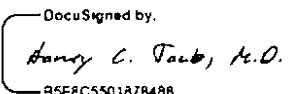
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☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 12/2/2023

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

Harvey C. Taub, M.D.

(Typed or printed name of person signing)

Chairman & President

(Title of person signing)