## N 39765

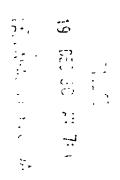
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

Cit NAME OF CORPORATION:	rus Medical Cente	r Owners Associatio	on, Inc	
N39765 DOCUMENT NUMBER:				
The enclosed Articles of Amendmen				
Please return all correspondence cor	scerning this matte	er to the following:		
Kelly Hibbetts				
		(Name of Contact P	erson)	
Citrus Pulmonary Consultants & Slo	ep Disorder Cente	er		
		(Firm/ Company	y)	
5616 W. Norvell Bryant Hwy				
		(Address)		<del></del>
Crystal River, Fl 34429				
		(City/ State and Zip	Code)	
citruspulmonary@hotmail.com				
E-mail ac	Idress: (to be used	for future annual re	port notification	n)
For further information concerning t	his matter, please	call:		
Kelly Hibbetts		at	352	795-1999
(Name	of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the following	g amount made pa	yable to the Florida	Department of	State:
☐ \$35 Filing Fee ■\$43. Cert	75 Filing Fee & I	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Secti Division of Corpo P.O. Box 6327		At Di	reet Address nendment Sectivision of Corpo ne Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Citrus Medical Center Owners Association, Inc.

(Name of Corporation as currently filed with the F	Florida Dej	pt. of Sta	te)		• •		
N39765							
(Documen	nt Number	of Corpo	ration (if l	(nown)			
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	da Statutes,	this <i>Flor</i> .	ida Not F	or Profit Co	orporation adopt	s the follow	ving
A. If amending name, enter the new name of the co	corporation	<u>n:</u>					
					<del>.</del>	The n	
name must be distinguishable and contain the word "c" ("Company" or "Co." may not be used in the name.	'corporatio	n" or "in	corporate	d" or the ai	bbreviation "Cor	p." or "Inc	2. "
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD							_
		<del></del>	<del>_</del>	<del></del>			
			<u> </u>	•			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>ox</u> ) _						
		<del></del>					
	_						
D. If amending the registered agent and/or register new registered agent and/or the new registered			in Florida	, enter the	name of the		
Name of New Registered Agent:							
New Registered Office Address:			(I	lorida street a	ddress)		<del></del>
New Registered Office Address.							
		(City)		-	, Florida_ <u>-</u> (Zip Code	1	
N. B		•			(39) 3,44	( ) ) ( ) )	:
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.			and accep	t the obliga	tions of the positi	on. 🥰	
					· ·	. '	١
						<del></del>	_
	Sign	ature of i	Vew Regis	tered 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 Doc 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 X Remove X Add	PT         John Do           V         Mike Je           SV         Sally Sr	<u>ones</u>			
Type of Action (Check One)	Title	<u>Name</u>	Address		
1) Change Add	D	POTU, RANGANATHA P			
× Remove					
2) Change Add	<u>D</u>	HEART ASSOCIATES, P.A.			
Remove 3 ) Remove	<u>_</u>				
4) Change Add	<del></del>		<u>-</u>		
Remove					
5) Change Add		<del></del>			
Remove					
6) Change Add	<del></del>				
Page 2 of 4  E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
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	Page 3 of 4	
	rage 5 of 4	
The date of each amendment(s) adoption date this document was signed.		, if other than the
Effective date if applicable:		
	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this of State's records.	date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	

■ 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	NOVEMBER 19, 2019				
Signature <sub>-</sub>	B) hella				
(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)					
	MANOJ B SHUKLA, MD				
	(Typed or printed name of person signing)				
	PRESIDENT				
	(Title of person signing)				