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## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ration:	Y, M.D. & BRIDGET SIL\	7A, M.D., P.A.
DOCUMENT NUMI	P00000002466		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	DORIS HAMAWY, M.D.		
		Name of Contact Person	n
	DORIS HAMAWY, M.D. &	BRIDGET SILVA, M.D.,	P.A.
		Firm/ Company	
	10230 W SAMPLE ROAD		
		Address	
	CORAL SPRINGS, FLORID	DA 33065	
		City/ State and Zip Cod	e
DHA	MAWY@YAHOO.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	ca call:	
roi iurulei informatio	n concerning this matter, preas	se can.	
DORIS HAMAWY, M.D.		954 at (	340-9117
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	r 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

FILED

17 NOV 27 AM II: 10

DORIS HAMAWY, M.D. & BRIDGET	SILVA, M.D., P.A.		SECHETALY OF TRACE TALLAMASSA FOR LANDS
(Name o	f Corporation as currently	y filed with the Flor	
P00000002466			
	(Document Number of	Corporation (if know	vn)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this A	Florida Profit Corpo	ration adopts the following amendment(s) t
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "(	Co". A professional	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>			
D. If amending the registered agent an new registered agent and/or the new			the name of the
Name of New Registered Agent	AMY J. GALLOWAY, ES	Q.	
	3020 NORTHEAST 32ND	AVENUE, SUITE 2	26
	(Florida stre	et address)	
	FORT LAUDERDALE		33308, Florida
New Registered Office Address:		(City)	

Signature of New Registered Agent, if changing

Smy J. Duly

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	PD	BRIDGET SILVA, M.D.	7810 S WOODRIDGE DRIVE
Add X Remove			PARKLAND, FL 33067
2) X Change	P	DORIS HAMAWY, M.D.	10230 W SAMPLE ROAD
Add			CORAL SPRINGS, FL 33065
Remove			
3)Change	<del>,</del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	4
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amer	idment if not contained in the amendment usen:
(if not applicable, indicate N/A)	

if other than the
The date of each amendment(s) adoption:
date this document was signed.
OCTOBER 25, 2017
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 not be listed as the document's effective date on the Department of State's records.
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 cant for the amendment(s) was/were sufficient for approval
by
(voting group)
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.
NOVEMBER 20, 2017
Dated
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)
DORIS HAMAWY, M.D.
(Typed or printed name of person signing)
PRESIDENT

(fide of person signing)