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		Acc#I20160000072	- 4: DW
Name:	DWIC of	Tampa Bay, Inc.	
Document #:			
Order #:	1396186	2	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:			
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Thank youl

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: DWIC of Tampa B	day, Inc.	
DOCUMENT NUM	P00000018051		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Christine Feldman		
		Name of Contact Person)
	MedExpress		
		Firm/ Company	
	9900 Bren Road East, AZ990)-1000	
		Address	
	Minnetonka, MN 55343		
		City/ State and Zip Code	•
	christine.e.feldman@uhg.con	n	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Christine Feldman		at (_) 519-8819 de & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Num		de & Daytime Telephone Number	
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Di [,] P.C	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co	Address Iment Section In of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

DWIC of Tampa Bay, Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P00000018051	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendits Articles of Incorporation:	lment(s) to
A. If amending name, enter the new name of the corporation:	
The 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 will "chartered," "professional association," or the abbreviation "P.A."	v., ''
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	
97	1
(Florida street address)	. E.S.
	~ ***
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	
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	2021 NOV
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PD	Stuchell, Bryan K., M.D.	423 Fortress Blvd. الله على ا
Add x Remove			Morgantown, WV 26508 $\stackrel{\bigcirc{\mathcal S}_1}{\bowtie}$
2) Change	PD	Ferrell, David R., M.D.	423 Fortress Blvd.
Add			Morgantown, WV 26508
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change	···	<u> </u>	
Add			
Remove			

amending or adding additional Art ttach additional sheets, if necessary).	(Be specific)	
		
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		-
		ZOZI NOV
	. (4	N. T.
an amendment provides for an exclusion or an exclusion or implementing the ame	nange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
		क क
	<u> </u>	

The date of each amendment(s) date this document was signed.	adoption:		······································	if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date,)		
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement		will no	t be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
■ The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without shareh-	older action	and sha	nreholder
☐ The amendment(s) was/were act by the shareholders was/were	lopted by the shareholders. The number of votes cast for the amoufficient for approval.	endment(s)		
must be separately provided for "The number of votes case by	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment of the amendme		2021 NOV -1 NH 8: 58	
(By a select	lirector, president or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or onted fiduciary by that fiduciary)	not been other court		
	Timothy Joseph Langdon			
	(Typed or printed name of person signing)			
	Assistant Secretary			
	(Title of person signing)			