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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Pulmonary Cons	ultants of Southwest Florid	a, P.A.		
DOCUMENT NUMB	ER: P00000076212		 		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	oondence concerning this ma	tter to the following:			
_	JOSEPH C. DALEY.	, 111			
	Name of Contact Person				
-		Firm/ Company			
-	1031 SE 9TH PLACE, UNIT 2				
	Address				
-	CAPE CORAL, FL 33	990 City/ State and Zip Code	<u> </u>		
		Chy blace and sip code	•		
	jcdaley3@me.com E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
JOSEPH C. DA	ALEY, III, M.D.	at (<u>239</u>) 574-2644		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment 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)		
Amer Divis	ing Address ndment Section ion of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations Building		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

Pulmonary Consultants of Southwest Florida, P.A.

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(Name of Corporation as currently filed with the Florida Dept. of State) STUME TARY OF STATE TALLAHASSEE, FL P00000076212 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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 word "chartered," "professional association," or the abbreviation "P.A." 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 Joseph C. Daley, III, M.D. 1031 S.E. 9th Place, Unit 2, Cape Coral, FL 33990 (Florida street address) New Registered Office Address: 1031 S.E. 9th Place, Unit 2, Cape Coral, , Florida (City) (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.

X Change	PT John	Doe			
X Remove	<u>V</u> <u>Mik</u>	<u>V</u> <u>Mike Jones</u>			
<u>X</u> Add	<u>SV</u> <u>Sally</u>	· Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	VD	Antony Mathew, M.D.	708 Del Prado Boulevard, Suite 9		
Add			Cape Coral, Fl. 33990		
X Remove					
2) X Change	<u>PSTD</u>	Joseph C. Daley, III, M.D.	1031 S.E. 9th Place, Unit 2		
Add			Cape Coral, FL 33990		
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
51 Change					
Add					
Remove					
δ) Change			_		
Add					
Remove					

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	·
	
	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	numeric it not contained in the amendment user.

The date of each amendment(date this document was signed.		, if other than the
Effective date if applicable:	January 1, 2018	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by AMD	(voting group)	
☐ The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated	Of 26, 2018 Office MESIDER AND DIRECTOR	
(B se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	JOSEPH C. DALEY, III, .M.D.	
	(Typed or printed name of person signing)	
	President and Sole Director	
	(Title of person signing)	