PD1000004318

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COVER LETTER

TO: Amendment Section Division of Corporations		p.A·				
NAME OF CORPORATION: Family Care Specialists of Orlando, PA						
DOCUMENT NUMBER: P0100004318						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Mahnaz Qayyum , M.D. Name of Contact Person Family Care Specialists of Orlando, PA						
7932 West Sand Lake Road Ste 200						
Orlando Fl 32819						
	City/ State and Zip Code	e				
mahnazqayyum@						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Mahnaz Qayyum	a. 407	952-2320 de & Daytime Telephone Number				
Name of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:						
■ S35 Filing Fee	□\$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 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301				

Articles of Amendment to

Articles of Incorporation 0 1 of

•	· Articles of A		14 May 23
	Articles of Inc		5 M.
	P. A of	•	دې د
Family Care Specialists	<u> </u>		
<u></u>	s currently filed with the F	Florida Dept. of State)	
P01000004318			
(Docume	nt Number of Corporation (i	if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation a	dopts the following amendment(s
A. If amending name, enter the new n	ame of the corporation:		
NA			The new
ame must be distinguishable and con 'Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associans. Enter new principal office address, Principal office address,	nation "Corp," "Inc," or ' ation," or the abbreviation ' if applicable:	'Co". A professional corpor	
. Enter new mailing address, if appl	icable:	NA	
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		
I If amonding the registered egent expert	nd (or registered office add	wees in Elevido, enter the wee	ma of the
. <u>If amending the registered agent ar</u> new registered agent and/or the ne			ne of the
		<u>s:</u>	ne of the
new registered agent and/or the ne	w registered office address	s: ı, M.D.	me of the
new registered agent and/or the ne	w registered office address Mahnaz Qayyum 7932 West Sand Lake Rd	s: ı, M.D.	ne of the
	w registered office address Mahnaz Qayyum 7932 West Sand Lake Rd	s: I, M.D. Ste 200 Orlando Fl 32819 reet address)	ne of the - - 32819

Page 1 of 4

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 = Chie Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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 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	$\underline{\mathbf{V}}$	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	D	Dean, Bonnie M.D.	6009 Lady Bet
Add			Orlando, FL 32819
Remove			
2) Change	P	Qayyum, Mahnaz M.D.	7932 West Sand Lake Rd
Add		•	Orlando Fl 32819
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			de en gant de en
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
NA.
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
NA.

The date of each amendment(s) adoption: June 13, 2014	, if other than th
date this document was signed.	
Effective date if applicable: June 13, 2014	
(no more than 90 days after amendment file date)	
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 cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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.	
Dated 06/16/14	
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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Picsident.	
(Title of person signing)	