P01000007059

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: FAMILY PRACT	ICE OF SUNTREE AND V	/IERA, P.A.
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	EVE A. BOUCHARD, ESQ		
		Name of Contact Person	n
	BOUCHARD LAW FIRM		
		Firm/ Company	
	6420 3RD STREET, SUITE		
		Address	
	ROCKLEDGE, FLORIDA 3	32955	
		City/ State and Zip Cod	e
DITZ	F@GMAIL.COM		
	_	sed for future annual report	notification)
	1man address. (to be di	sea for fatare amula report	normeadony
For further information	n concerning this matter, plea	se call:	
EVE A. BOUCHARD, ESQ.		407	937,9644) de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	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)
Mai	ling Address	Street	Address
Ame	ndment Section	Amendment Section	
Division of Corporations		Division of Corporations	
	Box 6327		Building
Tall	ahassee, FL 32314	2661 E	Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FAMILY PRACTICE OF SUNTREE AND VIERA, P.A.

(Name of Corporation	as currently filed with the Florida Dept. of State)
P01000007059	
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)
	7000
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6420 3RD STREET, SUITE 104
	ROCKLEDGE, FLORIDA 32955
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(\mathcal{E}_{ij}) (\mathcal{E}_{ij})
New Registered Agent's Signature, if changing Regist	ered Agent:
I hereby accept the appointment as registered agent. I a	un familiar with and accept the obligations of the position.
Signatu	tre 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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	\underline{V}	Mike Jo	ones .	
X Add	<u>SV</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) X Change	PTSD	_	FRANK G. DITZ	3025 TURTLE MOUND ROAD
Add				MELBOURNE, FLORIDA 32934
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
		
	·	
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(у погаррисине, тасше гом)		
· · ·		

	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(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 requirements, this dat Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were aby the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.)
	oproved by the shareholders through voting groups. The following stateme or each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	г
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated Sept.	director president or other officer – if directors or officers have not been	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other countried fiduciary by that fiduciary)	:
	FRANK G. DITZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	