P0300007173Z

| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | ldress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bi | siness Entity Nar | ne) |
| | | |
| (Do | ocument Number) | |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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| | Office Use On | ily |



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: MD Now Medical | Centers, Inc. | |
|--|---|--|---|
| DOCUMENT NUMB | ER: <u>P03000071732</u> | | |
| The enclosed Articles of | of Amendment and fee are su | bmitted for filing. | |
| Please return all corres | pondence concerning this ma | atter to the following: | |
| | Brittney Dennis | | |
| - | | Name of Contact Person | 1 |
| | MD Now Medical Centers, I | nc. | |
| - | | Firm/ Company | |
| | 2001 Palm Beach Lakes Blve | d, Suite 400 | |
| - | ··· | Address | |
| | West Palm Beach, FL 33409 | | |
| - | | City/ State and Zip Code | <u>.</u> |
| | | | |
| - | compliance@mdnow.com | sed for future annual report | antification) |
| | n-man address. (to be to | sed for future annual report | nottication) |
| For further information | concerning this matter, plea | se call: | |
| | - | | |
| Brittney Dennis | | at (<u>561</u> | _) 448-2474 |
| Name of Contact Person | | Area Coo | de & Daytime Telephone Number |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | artment of State: |
| S35 Filing Fee | ■\$43.75 Filing Fee & Certificate of Status | S43.75 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 The Ce | Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MD Now Medical Centers. Inc.

| (<u>Name o</u> | of Corporation as curr | ently filed with the Flo | rida Dept. of State) | |
|--|-------------------------|---------------------------------|-------------------------------------|----------|
| P03000071732 | | | | |
| | (Document Numb | er of Corporation (if kn | own) | |
| ursuant to the provisions of section 607. s Articles of Incorporation: | 1006, Florida Statutes. | this <i>Florida Profit Corp</i> | poration adopts the following amend | dment(s) |
| . If amending name, enter the new na | ame of the corporation | <u>ı:</u> | | |
| š/A | | | The i | กงาง |
| ame must be distinguishable and contain 'Inc.,'' or Co.,'' or the designation "C 'chartered,'' "professional association,' | orp, ""Inc, " or "Co" | . A professional corp | rporated" or the abbreviation "Cor, | p., " |
| Enter new principal office address, | if applicable: | N/A | 61 | |
| Principal office address <u>MUST BE A S</u> | | - | NEG | _ |
| | | | 779) HE 3 C | _ |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | N/A | | 2 |
| | | | | :- - |
| | | | | — |
| . If amending the registered agent an new registered agent and/or the new | | | er the name of the | _ |
| Name of New Registered Agent | N/A | | | |
| | | | | |
| | (Florid | la street address) | | |
| New Registered Office Address: | N/A | | . Florida | |
| | | (City) | (Zip Code) | |
| Decimal Amend Simulation (6) | bassias Davis, and A | | | |
| lew Registered Agent's Signature, if c hereby accept the appointment as regist | | | obligations of the position | |
| | | | | |
| | | | | |
| | Signature of Na | w Registered Agent, if c | hanaina | |
| | Cagaintae of the | | | |

heck if applicable
1 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 | $\underline{\mathbf{V}}$ | 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 | CFO | Dominic Paris | 2007 Palm Beach Lakes Blvd. |
| Add X Remove | | | West Palm Beach, FL 33409 |
| 2) Change | CFO | Christopher Laden | 2007 Palm Beach Lakes Blvd. |
| XAdd | | | West Palm Beach, FL 33409 |
| Remove Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| (Attach additional sheets, if necessary). | icles, enter change(s) here: (Be specific) |
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| If an amendment provides for an exch | nange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
| (if not applicable, indicate NA) | nange, reclassification, or cancellation of issued shares, and and in the amendment itself: |
| (if not applicable, indicate NA) | nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself: |
| (if not applicable, indicate NA) | nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself: |
| (if not applicable, indicate NA) | nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself: |
| (if not applicable, indicate NA) | nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself: |
| (if not applicable, indicate NA) | nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself: |
| (if not applicable, indicate NA) | nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself: |
| provisions for implementing the ame | nange, reclassification, or cancellation of issued shares, and not contained in the amendment itself: |
| (if not applicable, indicate NA) | nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself: |

| The date of each amendment(s) adoption: | , if other than the |
|---|---|
| Effective date if applicable: 11/02/2020 | |
| (no more than 90 days after amendm | ent file date) |
| Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records. | requirements, this date will not be listed as the |
| Adoption of Amendment(s) (<u>CHECK ONE</u>) | |
| The amendment(s) was/were adopted by the incorporators, or board of directors with action was not required. | hout shareholder action and shareholder |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes can by the shareholders was/were sufficient for approval. | st for the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the | |
| "The number of votes cast for the amendment(s) was/were sufficient for appr | oval |
| by | <u> </u> |
| (voting group) | |
| Dated_11/17/2020 | |
| Signature(By a director, president or other officer – if directors or o selected, by an incorporator – if in the hands of a receiver appointed fiduciary by that fiduciary) | |
| Brittney Dennis | |
| (Typed or printed name of person signi | ng) |
| Director of Compliance, Quality, & Risk Manager | nent |
| (Title of person signing) | |

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