P0300055427

(Requestor's Name)
(Address)
(Address)
(,,
(C)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Codification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>
·

Office Use Only



100315751851

01/18/15--01039--006 **43.79

SECRETARY OF STATISH



COVER LETTER

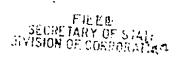
2010 JUL 18 AM 11: 15

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MUDASIRI	U A CAREW DO PA
DOCUMENT NUMBER: P03000085427	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
MARK LUCIANI	
	Name of Contact Person
CONSULTING SOLU	JTIONS INC
	Firm/ Company
3000 N FEDERAL HI	•
·	Address
FORT LAUDERDAL	E, FL 33306
	City/ State and Zip Code
ALLIGNAN GOOD TO A GOOD	
MLUCIANI@CS-TAX.COM	
b-mail address: (t	o be used for future annual report notification)
For further information concerning this matter	r. please call;
MARK LUCIANI	at () 942-2838 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	made payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



2818 JUL 18 AM 11: 15

MUDASIRU A CAREW DO PA

(Name of Corporati	ion as currently filed with the Florida Dept. of State)	
P03000085427		
(Docum	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
CAREW MEDICAL GROUP INC		The new
	rd "corporation," "company," or "incorporated" or the abo," "Inc," or "Co". A professional corporation name must contain the above abbreviation "P.A."	- phreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	28)	
•		
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida,	
	(City) (Zip C	'ode)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the position.	
Sign	nature of New Registered Agent of 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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	V	DANICA S CAREW	841 CYPRESS POINTE DR EAST
XX Add			PEMBROKE PINES FL 33027
Remove			
2) Change	<u> </u>	_	
Adđ			
Remove			
3) Change			
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change		_	
Add			
Remove			
б) Change			
Add			
Remove			

(Att	amending or adding additional Articles, tach additional sheets, if necessary), (B	e specific)	<u>е(s) пеге</u> ;			
<u>_</u>			_	·		
N/A						
		 				
						
			_			
			· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·	·····		
_						
						,
			-	 		
			 .			
			·			
				_	·	
F. Ifa	an amendment provides for an exchang	e. reclassifica	tion, or cancella	tion of issued sl	hares	
pr	ovisions for implementing the amendm (if not applicable, indicate N/A)	ent if not con	tained in the am	endment itself:		
	(y noi appaciane, indicate (vin)					
N/A						
.,,,,						 .
_						
			<u> </u>			
					_	
						

The date of each amendmendate this document was signed		, if other than the
_	JULY 1, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dathe Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	ı
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	11
"The number of vote:	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
action was not required. Dated 1 Signature (F	By a director, provident or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary) MUDASIRU A CAREW	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	