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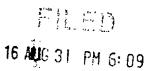
TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: <u>AUVANCED</u>	HEART CE	NTER ASSOCIATES TW
DOCUMENT NUMBE	R: PO 3000 106	024	·
The enclosed Articles of	Amendment and fee are subm	nitted for filing.	
Please return all correspondent	ondence concerning this matte	r to the following:	
	C:11101 111	A100000	
_		Name of Contact Person	
	WALTER S.S	ANDERS 2 AS Firm/Company	SOCIATES, P.A.
	16528 N. DALE	MABRY HW Address	y
	TAMPA, FL 3	3-3618 City/ State and Zip Cod	e
	E-mail address: (to be used	SANDEDS . I for future annual report	notification)
For further information of	oncerning this matter, please	call:	
BRIAN SA. Name of	UDERS Contact Person	at (813 Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made pa	yable to the Florida Depa	artment of State:
\$35 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)
Mailir	na Address	Street	Addrace

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



ADVANCED HEART CENTER	ASSOCIATES THE
(Name of Corporation as curren	try filed with the Florida Dept. of State) 27 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PO 3000 1060	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
MADHAVA T. PALLY M.D. Parame must be distinguishable and contain the word "corporation"	A. The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	228 PLAZA DR.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE D
	LEHIGH ACRES FL 33936
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	16528 N. DALE MARRY HWY
	TAMPA, FL 33618
	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
Name of New Registered Agent \\/A	
•	
(Florida s	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent. I am familia	r 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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_		
Add				***
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add		_		
Remove				
0 6				
6) Change		<u> </u>	•	47.4
Add				
Remove				

	(Be specific)	
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	hange realessification or cancellation of issued shares	
f an amendment provides for an evel		
provisions for implementing the ame	endment if not contained in the amendment itself:	
f an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
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If an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
provisions for implementing the ame	endment if not contained in the amendment itself:	•

The date of each amendment(s) adoption: date this document was signed.	AUGUST 25,2016	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	The state of the s
Note: If the date inserted in this block does not document's effective date on the Department of	ot meet the applicable statutory filing requirements, this dat State's records.	e will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendment(sapproval.)
	e shareholders through voting groups. The following stateme group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the amer	ndment(s) was/were sufficient for approval	
by(vot	ting group)	
	board of directors without shareholder action and shareholde	r
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	
Dated AUGUST 2		
	ident of other officer — if directors or officers have not been orporator — if in the hands of a receiver, trustee, or other cour	
MAD	HAVA PALLY (Typed or printed name of person signing)	
PRE	S I DENT (Title of person signing)	