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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: VEIN SPEC	CIALISTS, P.A.	
DOCUMENT NUMBER: P0400010448		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
STEVEN TIDWE	LL, MM.D.	
	Name of Contact Person	1
VEIN SPECIALIS	STS, P.A.	
	Firm/ Company	
5155 CORPORA	TE WAY, UNIT	A
	Address	, , , , , , , , , , , , , , , , , , ,
JUPITER, FLORI	IDA 33458	
	City/ State and Zip Cod	e
STMD52@HOTMAIL	COM	
· · · · · · · · · · · · · · · · · · ·	sed for future annual report	notification)
5 mm 444000 (10 00 m	ou to raime maion report	
For further information concerning this matter, pleas	se call:	
STEVEN TIDWELL	561	, 624-0123
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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 ment Section n of Corporations Building xecutive Center Circle

Articles of Amendment to Articles of Incorporation

FILED

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VEIN SPECIALISTS, P.A.	SECINE PARTY OF STAT
(Name of Corporation as currently filed with the Florida Dept. of State)	TALLAHASSEE, FLORI
P04000104487	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adds Articles of Incorporation:	lopts the following amendment(s)
. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "incorpo "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corpora word "chartered," "professional association," or the abbreviation "P.A."	
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address: Name of New Registered Agent	ne of the
(Florida street address)	
New Registered Office Address:, Florida_	(Zip Code)

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)

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	PT	John Doe	
X Remove	$\bar{\Lambda}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	S	JEANNE M. TIDWELL	52 ST. THOMAS DRIVE
Add			PALM BEACH GARDENS,
Remove			FLORIDA 33418
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			-
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	(Be specific)
•	
	_
un amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
bitettive date it applicable.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ador by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	,11	
	(voting group)	
The amendment(s) was/were adoption was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoption was not required:	oted by the incorporators without shareholder action and shareholder	
Dated_DECEME	BER 19, 2013	
Signature	two Suchel	
selected	rector, president or other officer - if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other court and fiduciary by that fiduciary)	
:	STEVEN TIDWELL	
-	(Typed or printed name of person signing)	
i	PRESIDENT	
-	(Title of person signing)	_

05:09:22 p.m. 12-19-2013

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VEIN SPECIALISTS, P.A. APPOINTMENT OF SECRETARY

1, Steven Tidwell, MM.D., as President of Vein Specialist, P.A. hereby appoint Jeanne M. Tidwell as Secretary of Vein Specialist, P.A., effective December 19, 2013.

Steven Tidwell, MM.D. as President

ACCEPTANCE

I, Jeanne M. Tidweil, do hereby accept and agree to serve as the Secretary of Vein Specialist, P.A., effective December 19, 2013.

Jeanne M. Tidwell

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