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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Mercy Family & U	Irgent Care, Inc	
DOCUMENT NUMB	D05000002228		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Niermala Washington,M.D.		
		Name of Contact Person	1
	Mercy Family &Urgent Care	, Inc.	
		Firm/ Company	
	3511 NW 8th Avenue, Suite	1-2	
		Address	· · · · · · · · · · · · · · · · · · ·
	Pompano Beach, Florida 330	64	
		City/ State and Zip Code	2
arieab	i@aol.com		
	-	sed for future annual report	notification)
For further information	n concerning this matter, pleas M.D.	se call:at (288-4481
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ortment of State:
S35 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)
Amendment Section Amend Division of Corporations Division P.O. Box 6327 Clifton		Address Iment Section on of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Mercy Family & Urgent Care, Inc	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P05000002738	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	Th
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. 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: Name of New Registered Agent	REB 20 PH 2: 33
	
(Florida stre	et address)
New Registered Office Address:	, Florida City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Signature of New Re	gistered 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.

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	Р	W. F. Washington, Jr	2137 SeaPines Way
Add			Coral Springs, FL 33071
X Remove			
2) Change	P	Niermala Washington, M.D.	2137 SeaPines Way
X Add			Coral Springs, FL 33071
Remove			
3) Change	TRES	Niermala Washington, M.D.	2137 SeaPines Way
Add			Coral Springs, FL 33071
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			~~~
Remove			

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ange, reclassificat	ion, or cancella	tion of issued sl	iares,	
idment if not <u>co</u> nt	ained in the an	endment itself:		
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	ange, reclassificat	ange, reclassification, or cancellandment if not contained in the am	ange, reclassification, or cancellation of issued sladment if not contained in the amendment itself:	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

	12/1/2017	
 The date of each amendment(s) ado date this document was signed. 	otion:	, if other than the
12/1/2)17	
Effective date <u>if applicable</u> :	(no more than 90 days after amendn	nent file date)
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing runent 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 adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes car cient for approval.	st for the amendment(s)
	ved by the shareholders through voting groups. sch voting group entitled to vote separately on the	
"The number of votes cast fo	the amendment(s) was/were sufficient for appro	oval
by	(voting group)	"
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder	action and shareholder
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action	on and shareholder
Dated	1/2017	
Signature //	Will My of	
(By a three	etor, president of other officer – if directors or one on an incorporator – if in the hands of a receiver	officers have not been
appointed	fiduciary by that fiduciary)	, trustee, or other court
,	ermala Washington,M.D.	
	(Typed or printed name of person signi	ing)
Pı	esident	
	(Title of person signing)	