P05000063644

| (Re | questor's Name) | |
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| (Ad | dress) | |
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| (Cit | y/State/Zip/Phone | : #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
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S. PRAIHE.

COVER LETTER

TO: Amendment Section Division of Corporations

| TION: Michael P Zahalsk | y, MD, PA DBA: Z Urolog | <u>y</u> |
|---|--|---|
| | | |
| | bmitted for lifting. | |
| ondence concerning this man | tter to the following: | |
| licky Robbins | | |
| | Name of Contact Person | |
| Urology | | |
| | Firm/ Company | |
| 850 Coral Ridge Drive #106 | 'n | |
| | Address | |
| loral Springs, FL 33076 | | |
| - | City/ State and Zip Code | <u> </u> |
| Zurology.com | | |
| *** | sed for future annual report | notification) |
| | | |
| concerning this matter, pleas | se cali: | |
| | 954 at (| 840-0922 |
| Contact Person | Area Co | de & Daytime Telephone Number |
| the following amount made | payable to the Florida Depa | artment of State: |
| □\$43.75 Filing Fee & Certificate of Status | ☐843.75 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, F1, 32314 | | Address Iment Section in of Corporations Building |
| | P05000063644 TAmendment and fee are su ondence concerning this matrices are surely reconcerning this matrices. Provided Private 1998 Coral Springs, FL 33076 Example 2009 E-mail address: (to be used to be u | Amendment and fee are submitted for filing. Independence concerning this matter to the following: Vicky Robbins |

Articles of Amendment to Articles of Incorporation of

| Michael P Zanaisky, MD PA | | | |
|--|---|--------------------------------------|------------------------------------|
| (Name o | f Corporation as current | ly filed with the Florida Dept. | <u>, of State</u>) |
| P05000063644 | | | |
| | (Document Number o | of Corporation (if known) | |
| Pursuant to the provisions of section 607, its Articles of Incorporation: | 1006, Florida Statutes, this | Florida Profit Corporation ad | opts the following amendment(s) to |
| A. If amending name, enter the new na | me of the corporation: | | |
| N/A | | | The new |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | ation "Corp," "Inc," or | "Co". A professional corpora | vated" or the abbreviation |
| D. Para and administration address. | if applicable | N/A | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | | 20 |
| | | | 2019 JAN |
| | | | DAN T |
| C. P.A. and a mailing address if apple | ionhlut | | - 2 m |
| C. Enter new mailing address, if apple (Mailing address MAY BE A POST) | OFFICE BOX) | N/A | ් රා ් ල ික |
| | | | A C |
| | | | |
| | | | |
| D. If amending the registered agent ar new registered agent and/or the ne | nd/or registered office add w registered office addres | dress in Florida, enter the nan | ne of the |
| <u> </u> | N/A | | |
| Name of New Registered Agent | | | |
| | | | |
| | | treet address) | |
| New Registered Office Address: | N/A | | , Florida |
| | | tCity) | (Zip Code) |
| | | | |
| | Landara Bandakana Asam | | |
| New Registered Agent's Signature, if c Thereby accept the appointment as regis | tered agent. I am familiar | yr with and accept the obligation | s 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; V = Treasurev; S = Secretary; D = Director; IR = 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 | <u>v</u> | Mike Jones | |
| <u>X</u> Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | V | Mini Varghese, MD | 5850 Coral Ridge Dr. |
| X Add | | | #106 |
| Remove | | | Coral Springs, FL 33076 |
| 2) Change | V | Christopher P Hollowell, MD | 5850 Coral Ridge Dr. |
| X Add | | | #106 |
| Remove | | | Coral Springs, FL 33076 |
| | | | |
| 3 + Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| ////// | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| | | | |
| Add | | | |
| Remove | | | |

| attach additional sheets, if necessary). (Be | specific) | | |
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| an amendment provides for an exchange provisions for implementing the amendme | reclassification, or cancellation | 1 of issued shares, Imont itself: | |
| (if not applicable, indicate N/A) | II II HOL CONTAINCE IN THE AMERICA | ment tosen. | |
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| The date of each amendmen | 12/21/2018 t(s) adoption: | , if other than the |
|--|---|-------------------------------|
| date this document was signed | | |
| nge of a site officialists | 12/21/2018 | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in document's effective date on t | this block does not meet the applicable statutory filing requirements, this dhe Department of State's records. | ate will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| | re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval. | (s) . |
| ☐ The amendment(s) was/we must be separately provid- | are approved by the shareholders through voting groups. The following statem ed for each voting group entitled to vote separately on the amendment(s): | ient |
| "The number of vote | s east for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| The amendment(s) was/we action was not required. | ere adopted by the board of directors without shareholder action and sharehold | ler |
| ☐ The amendment(s) was/we action was not required. | are adopted by the incorporators without shareholder action and shareholder | |
| | 1/2018 | |
| Dated | | |
| Signature | | |
| (I s | By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other composited fiduciary by that fiduciary) | |
| | Michael P. Zahalsky, MD | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |

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