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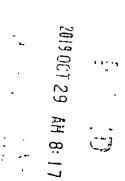
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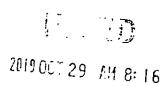


R. WHITE. NOV 22 2019

COVER LETTER

TO: Amendment Sec Division of Cor			
NAME OF CORPO	DRATION: Michael P Zahalsk	y, MD, PA DBA: Z Urolog	у
	IBER: P05000063644		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Vicky Robbins		
		Name of Contact Persor	1
	Z Urology		
	÷	Firm/ Company	
	5850 Coral Ridge Drive #100	• •	
		Address	
	Coral Springs, FL 33076	Address	
	-	City/ State and Zip Code	:
ام نب	Owner I was now		
- VICE	cy@zurology.com	sed for future annual report	natification)
	12-man address, (to be di	sed for future annual report	nottreation
For further informati	on concerning this matter, pleas	se call;	
Vicky Robbins		954 at (840-0922
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the Florida Depa	ortment of State:
S35 Filing Fee	□S43.75 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)
Ar Di P.0	ailing Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of



Michael P Zahalsky, MD PA

1	tly filed with the Florida Dept. of State)
P05000063644	· . <u>L</u>
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/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:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
(Maning dadress MAT DE A FOST OF ITEE 1993)	
D. If amending the registered agent and/or registered office ad-	
now wast torod agent and/on the new registered office address	33.
new registered agent and/or the new registered office addres	
new registered agent and/or the new registered office address NA Name of New Registered Agent	
Name of New Registered Agent N/A	
Name of New Registered Agent N/A	street address)
Name of New Registered Agent N/A	

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 Doc 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 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	Michael Tyler, MD	5850 Coral Ridge Dr.
X Add			#106
Remove			Coral Springs, FL 33076
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)			
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f an amendment provides for an excl	iange, reclassification	, or cancellation	of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contair	<u>ied in the amenda</u>	nent itself:	
				<u> </u>
	<u> </u>			
				·

	10/23/2019	
The date of each amendment(s) late this document was signed.	adoption:	, if other than the
	0/23/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi locument's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes east for the amendment sufficient for approval.	nus)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ment
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	dier
•		
10/23/20 Dated	119	
Signature	a director, president or other officer – if directors or officers have not beceted, by an incorporator – if in the hands of a receiver, trustee, or other c	
	binted fiduciary by that fiduciary)	
	Michael P. Zahalsky, MD	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	