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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: COUST COAST PULTMONARY MEdicine PF
DOCUMENT NUMBER: P0500087225
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rajeshri Patel Name of Contact Person
Cruit coast Pulmonary medicine P.A.
P.O. Box 496593
Port charlotte, FL 33949  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rateshri Patel at (516) 456-5349  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Division of Corporations P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Cruif coast Pulmonary medicine PA
(Name of Corporation as currently filed with the Florida Dept. of State)
<u> </u>
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
<del></del>
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
<u> </u>
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
0-10-1 0-101
Name of New Registered Agent RQJESHCI Patel
3014 Tamiami TRail (Florida street address)
New Registered Office Address: Post chasoltte , Florida 33952
(City) (Zip Code)
•
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
R.P. Parl
Signature of New Registered Agent, if changing
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) X Change Add	S Sonal Kapadia	3014 Tambami TRail Post Charbette FL 33952
Remove 2) Change Add	P Rajeshri Patel	3014 Tamiazni TRail Post Charlotte, FL 3392
Remove Change Add	T Pasag Patel	3014 Tamkomi TRail Port Charlott, Fl 3395
Remove 4) Change Add		2027 JULY 2
Remove 5) Change Add		70 70 70 70 70 70 70 70 70 70 70
Remove 6) Change Add		11
Remove		

Attach additional sheets, if necessary). (Be specific)		
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The date of each amendment(s) adopt date this document was signed.	ption: 6 20 23	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this bloc document's effective date on the Depart	ck does not meet the applicable statutory filing requirement of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte action was not required.	ed by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	ed by the shareholders. The number of votes cast for to cient for approval.	the amendment(s)
	ved by the shareholders through voting groups. The for ch voting group entitled to vote separately on the ame	ollowing statement on management of the statement of the
"The number of votes cast for	the amendment(s) was/were sufficient for approval	7. 79
by	(voting group)	
Dated_G	0/23	
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selected, b	ctor, president or other officer – if directors or officers by an incorporator – if in the hands of a receiver, trusto fiduciary by that fiduciary)	
	Sonal Kapadia	
·	(Typed or printed name of person signing)	<del>_</del>
	President	