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To:

From:

2022 JUL 25 PM 4:48

Email Address: _____

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Certificate of Status	0
Certified Copy	1
Page Count	05
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JUL 22 PM 5:00
CLERK OF STATE
TALLAHASSEE, FL

Help

850-617-6381

7/25/2022 11:23:01 AM PAGE 1/001 Fax Server



July 25, 2022

FLORIDA DEPARTMENT OF STATE

MEDICAL TECHNOLOGY ASSOCIATES OF TEXAS, INC.
12445 62ND STREET N.
SUITE 305
LARGO, FL 33773

SUBJECT: MEDICAL TECHNOLOGY ASSOCIATES OF TEXAS, INC.
REF: P05000095547

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

FAX Aud. #: H22000248937
Letter Number: 422A00016545

Leslie Sellers

From: faxfinder@capitol-services.com
Sent: Friday, July 22, 2022 12:41 PM
To: Leslie Sellers
Subject: FaxFinder Fax Notification: Successfully sent fax to 850-617-6380
Attachments: fax_outbound_850-617-6380_20220722_114053_00005FFB-0000.pdf

Create Time: 07/22/2022 11:34:11 AM

Schedule Time: 07/22/2022 11:40:53 AM

State: sent

Schedule Message: Successfully sent fax

Hangup code: 0

Try #: 1

Username: admin

Sender name: Leslie Sellers

Sender email: lsellers@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org:

Capitol Services, Inc.

Subject: H22000248937

Max tries: 5

Try interval: 600

Priority: 3

Pages: 7

Recipient fax: 850-617-6380

Recipient phone:

Recipient name:

Recipient org: FL SOS

Use cover page: true

Receipt: always

Print receipt: never

Print receipt printer:

Print receipt first page: false

Fax Page Size: auto

H22000248937

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Medical Technology Associates of Texas, Inc.

DOCUMENT NUMBER: P05000095547

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ana Tobar-Romero

Name of Contact Person

Mayer Brown LLP

Firm/ Company

700 Louisiana Street Suite 3400

Address

Houston, TX 77002

City/ State and Zip Code

atobarromero@mayerbrown.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ana Tobar-Romero

at (713)

238-2726

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:

☐ \$35 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)

Mailing Address

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

Street Address

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

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FILED

JUL 22 PM 3:10

Articles of Amendment
to
Articles of Incorporation
of

SECRETARY H28000248937
TALLAHASSEE, FL

Medical Technology Associates of Texas, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P05000095547

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Panther Florida Transactions Holding Subsidiary 1, Inc.

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)

3009 POST OAK BLVD.

SUITE 1200

HOUSTON, TX 77056

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3009 POST OAK BLVD.

SUITE 1200

HOUSTON, TX 77056

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:

Name of New Registered Agent _____

(Florida street 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 with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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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.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>Presiden</u>	<u>Valeri Marks</u>	<u>6651 102ND AVENUE NORTH</u>
<input type="checkbox"/> Add			<u>Pinellas Park, Florida 33782</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>CEO</u>	<u>Valeri Marks</u>	<u>6651 102ND AVENUE NORTH</u>
<input type="checkbox"/> Add			<u>Pinellas Park, Florida 33782</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>CFO</u>	<u>James R. Fiegle</u>	<u>6651 102ND AVENUE NORTH</u>
<input type="checkbox"/> Add			<u>Pinellas Park, Florida 33782</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

[illegible]

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____."
(voting group)

Dated 7/21/2022

Signature _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Gary Markowitz

(Typed or printed name of person signing)

President

(Title of person signing)

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