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TO: Amendment Section Division of Corporations

NAME OF	CORPORATION: SOUTHTAMPA	A MEDICAL CLINIC, INC	
DOCUMEN	NT NUMBER: P05000110893	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
The enclosed	d Articles of Amendment and fee a	are submitted for filing.	
Please return	all correspondence concerning th	is matter to the following:	
	ROBERT F. COHEN CPA		
	(Name	of Contact Person)	
	ROBERT F. COHEN CPA P.A.		
	(Fi	rm/ Company)	· · · · · · · · · · · · · · · · · · ·
	2918 BUSCH LAKE BLVD		
		(Address)	
	TAMPA, FL 33614		
		tate/ and Zip Code)	
For further in	nformation concerning this matter,	please call:	
ROBERT F. COHEN		at (813) 932-7415	
	(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a	check for the following amount:		
☑ \$35 Filing F	ee S43.75 Filing Fee & Certificate of Status	S43.75 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 Corpo 409 E. Gaines Street Tallahassee FL 3	rations eet

Articles of Amendment to Articles of Incorporation of

NEW CORPORATE NAME (if changing): SOUTH TAMPA MEDICAL CLINIC, INC. Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	SOUTHTAMPA MEDICAL CLINIC, INC.	
(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: NEW CORPORATE NAME (if changing): SOUTH TAMPA MEDICAL CLINIC, INC. Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.,") A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	(Name of corporation as currently filed with the Florida Dept. of State)	í
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(Attach additional pages if pages and	AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	
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f an amendment provides for 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)	If an amendment provides for 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)	
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(continued)

The date of each amendmen	it(s) adoption: AUGUST 29,2005
Effective date if applicable:	AUGUST 29, 2005
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
) was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.
) was/were approved by the shareholders through voting groups. The nust be separately provided for each voting group entitled to vote amendment(s):
"The number of	of votes cast for the amendment(s) was/were sufficient for approval by
<u> </u>	(voting group)
) was/were adopted by the board of directors without shareholder action was not required.
The amendment(s) shareholder action	was/were adopted by the incorporators without shareholder action and was not required.
Signed this <u>30</u> day of	august 2005
Signature	was Theris
sele	director, president or other officer - if director or officers have not been cted, by an incorporator - if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Yusimy Martinez (Typed or printed name of person signing)
	President
	(Title of person signing)

FILING FEE: \$35