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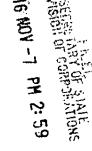
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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

·					2 3
NAME OF CORPORATION:	DONALD	H. DOCTOR	P.F	<u>4.</u>	04-7 PH 2:53
DOCUMENT NUMBER:	DO POS	700011434	02		5. \$\frac{4}{5}\frac{1}{5}
The enclosed Articles of Amendment a	nd fee are submitted fo	or filing.			S
Please return all correspondence concer	ning this matter to the	following:			
D	ONALO H Name	. DOCTORS of Contact Person			
<i>D</i>	ONALD H.	DOCTORS, f	ρ.Α.		
320	DORT	ROYALE 1	DRIVE	NOVETH	#605
Foret	LAUDERD .	tate and Zip Code	308	 	
E-mail addi	PSCBELL ess: (to be used for fut	SOUTH . NET	cation)		
For further information concerning this	matter, please call:				
DOMALD H. DO	DOTORS	at (954) 2	Paytime Teleph	17	
Enclosed is a check for the following as				one runnoer	
\$35 Filing Fee \$35 Filing Fee Certificate	of Status Certi	fied Copy Contional copy is Sed) Contional Copy is Contional Copy is Continuous Control Contro	52.50 Filing Fer ertificate of Sta ertified Copy Additional Copy s enclosed)	tus	
Mailing Address Amendment Section Division of Corporati	ons	Street Address Amendment S Division of C	Section		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

DONALD H.	DOCTORS P.A.	1 625
(Name of Corporation a	s currently filed with the Florida Dept. of State)	19
205000	114362	72
(Document	Number of Corporation (if known)	Ω ₀
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following	wing amendment(s) to
A. If amending name, enter the new name of the corpo	ration:	
		The new
name must be distinguishable and contain the word "c" ("Corp.," "Inc.," or Co.," or the designation "Corp.," "word "chartered," "professional association," or the abbi	Inc," or "Co". A professional corporation name mu	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDREST	<u></u>	
	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		
Name of New Registered Agent		
		•
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City)	Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		on.
Signatur	e 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; 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: X Change	<u>PT</u>	John Do	<u>je</u>		
X Remove	<u>v</u>	Mike Jo	ones		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change	SECRE	TARY	AUDREY	DOCTORS	3200 PORT ROYALE DR NOWS
Add		•	'		# 1005
Remove					FORT LAUDIROPLE, FL 33308
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					/
4) Change					
Add					
Remove					
5) Change		_		· · · · · · · · · · · · · · · · · · ·	
Add					
Remove					
6) Change	/				
Add					
Remove					

ch additional sheets, if necessary). (Be specific)	
<u> </u>	
_	
	
	
amendment provides for an exchange, reclassification, or cancellation of issued shares,	
visions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	· · ·
	. ,.

The date of each amendment(s) adoption: NOVEMBER 4, 2014 date this document was signed.	, if other than the
•	
Effective date if applicable: NOVEMBER 4 2010 (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 need document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Donald W. Dorton	
(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)	-
DONALD H. DOCTORS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	