# P05000114802

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## **COVER LETTER**

TO: Amendment Section Division of Corpo				
NAME OF CORPORATION: Marion Heart Center, RA, DOCUMENT NUMBER: POSOXXII4862				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
Betty Goodrich Name of Contact Person  Marion Heart Center P.A.  Firm/Company  1040 Sw 2nd Ave  Address  Ocala Fr 34471  City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Betty (	of Contact Person	at ( <u>35.7</u> Area Co	Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
□ \$35 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)	
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Mailing Address
Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

# Street Address Amendment Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	y filed with the Florida Dept. of State)
P05000114	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NA	The new
name must be distinguishable and contain the word "corporation "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:	NA
(Principal office address MUST BE A STREET ADDRESS)	🔾
	المرابع
C. Enter new mailing address, if applicable:	1)n 6 5 5
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	NIH
D. If amending the registered agent and/or registered office addr	ass in Florida outer the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent NA	
The state of the s	
(Florida stre	eet address)
New Registered Office Address: NA	, Florida
	(City) (Zip Code)
Non-Bushamila (1961) and the Bushamila	/
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w	
	'   )
Signature of New R.	egistered Agent, if changing
= 3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. e e

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.

X Change	PT John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike Jones</u>		
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	DVS	Anju Vasudevan	1040 SW 2nd Ave
Add		•	Ocala, FL 34471
Remove			·
2) X Change	DPTVS	Bam Vasudevan	1040 SW 2nd Ave
Add			Ocala, FL 34471
Remove			
3) Change	<del> </del>		
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			-
6) Cl			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)
Article II Remove Anju Vasudevan as co-apper of corporation and all titles held.
co-apper of corporation and all titles
held.
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)
Transfer Anju Vasudevan's 201. (2000) Shares to Ram Vasudevan so Ram
shares to ham Vasudevan so ham
Vasudevan holds 100% (10000) shares
of Marion Heart Center PA.
· · · · · · · · · · · · · · · · · · ·

E. If amending or adding additional Articles, enter change(s) here:

# **Agreement to Transfer Shares**

Of

# Marion Heart Center, P.A.

This agreement is made and entered into this day <u>1</u> of <u>December 2016</u> effective as same day between Anju Vasudevan, M.D., the seller, and Ram Vasudevan, M.D., the buyer.

Where Anju Vasudevan, M.D. agrees to transfer her 20% share of stock in Marion Heart Center, P.A. for the price of \$1 per share to Ram Vasudevan, M.D. This transfer of stock is final and excludes Anju Vasudevan, M.D. of all the rights to the future income of Marion Heart Center, P.A.

Signed by:

Signed by:

Ajn Vandeun	Mm.
· V	Ram Vasudevan, M.D.
State of 7 lorida	
County of Marion	
Subscribe and sworn to (or affirmed) before me on this	
1. day of Feb 2017 by Anju + Ram 1	lasudevan
Personally known to me or proven to me on the basis of satisfactory evidence to be the person (s) who appeared before.	BETTY L MORRIS  Notary Public - State of Florida  Commission FF 217817  La Comm Expires Jul 28, 2019
Betty L Morris	Bonded through National Notary Asc.