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(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Name)	
(Dx	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	Office Use Only	()
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION:	Jose H. Santos, MD,	PA
DOCUMENT NUM	MBER:	P06000025443	
The enclosed Article	es of Amendment and fee a	are submitted for filing.	
Please return all cor	respondence concerning th	is matter to the following:	
_	* * ***	enn H. Gopman, CPA Name of Contact Person	
_	Le	evi & Gopman, P.A. Firm/ Company	
_	2059	0 West Dixie Highway	
·		ventura, FL 33180	
		@Levigopman.com	
For further informat	ion concerning this matter,	please call:	
Name o	nn H. Gopman f Contact Person for the following amount p	at (305) Some Teach of the Area Code & Daytime Teach	•
✓ \$35 Filing Fee	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 Add Amendment Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	ile

Articles of Amendment

•	•	•	Articles of Incorporation of		2010 JAN 50
 	J	ose H	. Santos, MD, PA		TASECRETAS PM
(Name of C	Corporatio	n as cu	rrently filed with the Florida	Dept. of State	1.79 V. 19
 		PO	06000025443	**	C. FLORIE
	(Docu	ment N	umber of Corporation (if know	n)	

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

vord "corporation," "company," or "incorporated" or ignation "Corp," "Inc," or "Co". A professional corporational association," or the abbreviation "P.A."
le: 1601 Town Center Blvd.
Weston, FL 33326
OX) 1601 Town Center Blvd.
Weston, FL 33326
ered office address in Florida, enter the name of the loffice address:
H. Santos
1 Town Center Blvd. (Florida street address)
ton, Florida 33326
(City) (Zip Code)

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) Title **Name** Address **Type of Action PRES** Jose H Santos Weston, FL 33326 Remove Kompal Gadh VST Weston, FL 33326 ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendment(s) a	Idoption: December 8, 2009
-	(date of adoption is required)
Effective date if applicable: (no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	oproved by the shareholders through voting groups. The following statement reach 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	"
(vol	ting group)
The amendment(s) was/were ad action was not required.	lopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder action and shareholder
Dated_Decemb	per 8, 2009
Signature	
selected	rector, president or other officer if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)
	Jose H. Santos
	(Typed or printed name of person signing)
	President
	(Title of person signing)