

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Te:

Division of Corporations

Fax Number : (850)617-6360

From:

Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS

· Account Number : 076666002140 : (727)461-1818 Phone : (727)441-8617 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

COR AMND/RESTATE/CORRECT OR O/D RESIGN MORENO/JOSEPH, M.D., P.A.

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
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Electronic Filing Menu

Corporate Filing Menu

Help

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2002/006

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: Moreno/Joseph, N | 1.D., P.A. | |
|---|--|--|--|
| DOCUMENT NUMB | ER: P06000055993 | | |
| | f Amendment and fee are so | ihmitted for filing. | |
| Please return all corresp | condence concerning this ma | atter to the following: | |
| 1 | Lori L. Ammons | | |
| _ | | Name of Contact Perso | 511 |
| | Johnson Pope | Tumb of domage to the | |
| - - | | lii/ Community | |
| Firm/ Company 333 Third Avenue North, Spite 200 | | | |
| | 555 Third Avenue North, 5th | | |
| | | Address | |
| | St. Petersburg, FL 3370) | | |
| | | City/ State and Zip Coo | le |
| simore | no@icloud.com | | |
| - | E-mail address: (to be us | sed for future annual repor | notification) |
| | | | |
| For further information | concerning this matter, pleas | se call: | |
| Lori Ammons | | at (727 | 483-5685 |
| Name of | Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | the following amount made | payable to the Florida Dep | artment 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) |
| Amen Divisi P.O. F | ng Address dment Section on of Corporations lox 6327 assec, FL 32314 | Amend Divisio Clifton | Address fment Section on of Corporations Building Executive Center Circle |

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Tallahassee, Fl. 32301

2003/006

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Articles of Amendment to Articles of Incorporation of

MORENO/JOSEPH, M.D., P.A.

| poration (if known) du Profit Corporation adopts the following amendment(s) to |
|--|
| ` . |
| du Profit Corporation adopts the following amendment(s) to |
| |
| |
| The new |
| company," or "incorporated" or the abbreviation A professional corporation name must contain the |
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| |
| |
| Florida, enter the name of the |
| |
| lress) |
| |
| , Florida (Zip Code) |
| |

Page 1 of 4 (((H17000067374 3)))

(((H17000067374 3)))

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 = ChiefExecutive 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 D | <u> </u> | |
|-------------------------------|--------------|----------|---------|
| X Remove | V Mike | Jones . | |
| X Add | SV Sally S | Smith | |
| Type of Action (Check One) | Title | Name | Address |
| 1) Change | | | |
| | | | |
| Remove | | | |
| 2) Change | | | |
| A'dd | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | 1 |
| Add | | | |
| Remove | | | |
| • | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| δ)Change | - | | |
| Add | | | |
| Remove | | | |

Page 2 of 4 (((H17000067374 3)))

(((H17000067374 3)))

| Attach additional sheets, if necessary). | cles, enter change(s) here: (Be specific) |
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| provisions for implementing the nmen | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
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. If other than the The date of each amendment(s) adoption: _ date this document was signed. Bifective 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 esquiory filing requirement, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) The emendment(s) werevers excepted by the shareholdors. The number of votes cast for the amendment(s) by the shareholdors werevers sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting gioups. The following statement must be separately provided for each voting group millied to vote superallely on the amendment(s): "The number of votes cast for the amendment(s) weatwere sufficient for approval (voting group) ☐ The amendment(s) was/were adopted by the board of directors without abareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder antion and shareholder action was not required. March , 2017 Dated___ Signature # (By a director, president or other officer — if directors or afficer have not been selected, by an incorporator — if in the hands of a received, truster, or other count appointed fiduciary by that fiduciary) Anthony F. Moreno, M.D. (Typed or printed name of person signing) Director (Tide of person signing)

(((H17000067374 3)))

Page 4 of 4