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December 21, 2018

SUSAN PAPAVICH JOHN A. TUCKER, M.D., P.A. 8333 N. DAVIS HWY 10TH FLOOR PENSACOLA, FL 32514

SUBJECT: JOHN A. TUCKER, M.D., P.A.

Ref. Number: P08000041753

We have received your document for JOHN A. TUCKER, M.D., P.A. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P18000090813.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Letter Number: 118A00026264

Cheryl R McNair Regulatory Specialist II

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## Articles of Amendment to Articles of Incorporation

FILED 2019 FEB | 1 AM 5:53

	of .		-0 : 1 AM 5: 5
John A Tucker	mo PA	7.3	togetall of ste-
(Name of Corporation as curr	ently filed with the Flori	da Dept. of State)	MASSEE FLOR
(Document Numb	er of Corporation (if know	n)	
Pursuant to the provisions of section 607,1006. Florida Statutes, its Articles of Incorporation:	this <i>Florida Profit Corpor</i>	cation adopts the fo	Howing amendment(s) to
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	cical Station "company," de or "Co". A professional	incorporated or corporation name	S_The new the abbreviation must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	8333 10th =	n. Do Hace	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	8333 Penso	n. D. Hoor	L. 335K
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	ddress in Florida, enter ess:	the name of the	
Name of New Registered Agent			
(Florida	street address)	<del></del>	
New Registered Office Address:		, Florida	
	(Ciņ)	Fiorica	(Zip Code)
ew Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent—I am familia	ent: ir with and accept the obl	lyations of the post	tion,
Signature of New	v Registered Agent, if cha	nging	

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.

- Mike Jones, 1- as Kemov - tra-	e, and Sa	Hy Smith, SV as an Add.	
Example: <u>X</u> Change	PT	John Doe	
$\underline{X}$ Remove	$\underline{V}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Tide</u>	<u>Name</u>	<u>Addres</u> s
1) Change	5	Lincoln Relandmi	D. RPVI 8333 N. Davis Ho
<u>X</u> _Add		,	10th floor
Remove		•	Bracda, 1. 32514
2) Change			
Add			
Remove		·	
3.) Change		-	
Add			
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4) Change			
Add			
Remove			
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51 Change			
Add			
Remove			
6) Change			
Add			
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The date of each amendment(s) date this document was signed.	adoption:	15/15	118	, if other than the
Effective date if applicable:				
	tno me	ove than 90 days afte	r amendment jile date)	
Note: If the date inserted in this document's effective date on the I	block does not meet Department of State's r	the applicable statut	ory filing requirements.	this date will not be fisted as the
Adoption of Amendment(s)	( <u>CHECK O</u>	<u>NE</u> )		
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by				
	(voting group	))		
☐ The amendment(s) was/were addaction was not required. ☐ The amendment(s) was/were addaction was not required.				
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