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Certified Copies	_ Certificates	s or Status
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Haimal Medical Center of Brooksville, P.A.
DOCUMENT NUMBER: POSUGDOGETIO
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Karen Taylor-Sotensen Name of Contact Person
Name of Contact Person
Firm/ Company
3461 Shirley Orive Address
Address
13700K3 Unite 76 37002
City/ State and Zip Code
Karen. Taylor-Sorensen Elive. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Karen Taylor - Sorensen at 352, 584-5335 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & 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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation of

to

Allerthan treminate compare compare of the contraction of the contract		
Mame of Corporation as currently filed with the Florida Dept. of State)		
(Name of Corporation as currently filed with the Florida Dept. of State)		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followits Articles of Incorporation:	wing amend	ment(s)
A. If amending name, enter the new name of the corporation:	The n	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name moved "chartered," "professional association," or the abbreviation "P.A."	abbreviati	
D. Frater new principal office address if applicable.	# 1	Ľΰ
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	The	- } (
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:		
Name of New Registered Agent Karen Taylor-Sorensen 3461 Shirley Daye Brooksville, Fl.	34602	
(Florida sileet address)		
New Registered Office Address: , Florida	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)

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>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	ρ	Charles & Socemen	3461 Shirley Drive
Add Remove			Brooksuille FL 34602
2) Change Add			
Remove 3) Change Add			
Remove 4) Change			
Add	V		
5) Change Add			
Remove			
6) Change Add			
Remove			

	g or adding additional Articles, enter change(s) here: itional sheets, if necessary). (Be specific)	
Amen	d Article VI	
,	The name and address of the incor Karen Taylor-Sorensen	portor is:
	Racen Laylor-Sorensen 3461 Shirley Orive	
	3461 Shirley Orive Brooks ville Floriela 34602	
delen en Petriulen		
* ************************************		
· c		
provisions	dment provides for an exchange, reclassification, or cancellation of issue for implementing the amendment if not contained in the amendment its applicable, indicate N/A)	
	N/A	
	7	
		<u> </u>

		1

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective 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 statutory filing requirements, this date will indocument's effective date on the Department of State's records.	not 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.	
Signature Dated Signature Sorensen (By a director, president or other officer – if directors or officers have not been	
Signature D. & Daylor, Sorensen	
(By a director, president or other officer - if directors or officers have not been	_
selected, by an interporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Dr Karen L. Taylor-Sovensen (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	