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(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
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10/17/18--01080--021 \*\*35.00

FIRED
SECRETARY OF STATE
FALLAHASSEE, FLORING
S. YOUNG

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FAMILY URGEN	ET CARE OF HOLLYWOO	OD, P.A.
DOCUMENT NUMB	P08000076564		
The enclosed Articles (	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	OMAR AWAN		
-		Name of Contact Person	1
	Family Urgent Care of Holly	wood, P.A	
		Firm/ Company	
	4050 Sheridan Street, Suite (	· ·	
		Address	· · · · · · · · · · · · · · · · · · ·
	Hollywood, FL 33021		
		City/ State and Zip Cod	c
	rachotmail.com		
——————————————————————————————————————		sed for future annual report	notification)
	r, man manyon, (come to	sea to thome himself tepane	TO THE TANK THE THE T
For further information	concerning this matter, pleas	se call:	
Omar Awan, MD		at ( <u>609</u>	605-2276
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 hassee, FL 32314	Amenc Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle issee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FAMILY URGENT CARE OF HOLLYWOOD, P.A.

(Name of Corporation as current)	ly filed with the Florida Dept. of State)	
P08000076564		
(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the fe	dlowing amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or " word "chartered," "professional association," or the abbreviation	Co". A professional corporation name	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	<u>:</u>	SECRETAIN SECRETAINS
D. If amending the registered agent and/or registered office add- new registered agent and/or the new registered office address		PH THE STATE
Name of New Registered Agent		
· · · · · · · · · · · · · · · · · · ·	vet address)	
	, Florida	
New Registered Office Address;	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		etion.
Signature of New k	Registered Agent, it changing	

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. It 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>	John Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	VP	MICHAEL J. MeKENZIF, MD	4050 Sheridan Street, State C	
Add			Hollywood, FL 33021	
X Remove				
2) Change				
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change				
Add			- <u>-</u> -	
Remove				
5) Change				
Add				
Remove				
6)Change	·····			
Add				
Remove				

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)		dding additional Article sheets, if necessary).		<u>-</u> -	
provisions for implementing the amendment if not contained in the amendment itself:					
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provisions for implementing the amendment if not contained in the amendment itself:	-				· <del></del>
provisions for implementing the amendment if not contained in the amendment itself:					
provisions for implementing the amendment if not contained in the amendment itself:	f an amendmen	provides for an exchar	ige, reclassification, or	cancellation of issued s	hares,
(t) not applicance, material (N.A.)	provisions for i	nplementing the amend	ment if not contained i	n the amendment itself	<u>:</u>
	(и посарри	anie, maicate MA)			
				<del></del>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days a	ifier amendment file date)
Note: If the date inserted in this block does not meet the applicable sta document's effective date on the Department of State's records.	autory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	r of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through volumnst be separately provided for each voting group entitled to vote sep	
"The number of votes cast for the amendment(s) was/were suffici	ient for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shar action was not required.	cholder action and shareholder
Dated	
Signature (By a director, president or other officer – if c	
(By a director president or other officer – if a selected, by an incorporator – if in the hands	
appointed fiduciary by that fiduciary)	
Liliana M. Awan, MD	
(Typed or printed name of	person signing)
President	

(Title of person signing)