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(Re	equestor's Name)	
(Ac	ddress)	
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OWNISION OF COMPORATION

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COVER LETTER

TO: Amendment Section • Division of Corporations

NAME OF CORPORATION: BONITA SP	Rings Medical Group, INC.
DOCUMENT NUMBER: POPODO O	71435
The enclosed Articles of Amendment and fee are subr	nitted for filing.
Please return all correspondence concerning this matter	er to the following:
Bonita Spr 9200 Bonita Bonita Spr Bonita Spr bonita mayor E-mail address: (To be used	Name of Contact Person Ings Medical Group, Iw. Firm/ Company Beach Rd SE Scute 210 Address Pings, FL 34135-4278 City/-State and Zip Code Group Group of Formal Company Group Group of Factor
For further information concerning this matter, please	call:
Sonia Navarro	at (239) 298-1418
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	syable to the Florida Department of State:
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address
Division of Corporations P.O. Box 6327	Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to
Articles of Incorporation
of

Bonita Speings Medic	al Group, Fuc.			
(Name of Corporation as currently filed with the F				
DA90000914.35				
(Document Number of Corporation (i	f known)			
	*			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	amend	lment(s) to	
A. If amending name, enter the new name of the corporation:				
			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 must co	ontain	the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Quado DID			
	Bonita GARINGS, FL3.	413	35	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9200 Bonita Beach R	?d ?	SE	
	Bonite Springs, FL	34	1135	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address				
Name of New Registered Agent	·			
9200 Bonite	Beach Rol Sw Scute	, 21	0	
New Registered Office Address: BUNITE SPRINCE	(NGS , Florida 34135 (Zip Code)			
Now Degistered Agent's Signature if changing Degistered Agen	*•	12 A	ISTAID	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.	APR-5	ON OF C	
. Signature of New Registered	Agent, if changing	PM III	Y OF STATE	

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: <u>X</u> Change	<u>PT</u> <u>Jol</u>	hn Doe	
X Remove	<u>V</u> <u>M</u> j	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
Change Add Remove	PI	Sonia Navarro	9200 BonitaBrach Rd Burte 200 Bonita SPRINGS FL 34135
2) Change Add Remove		· ·	
Change Add Remove			
4) Change Add Remove		· .	
5) Change Add Remove	<u></u>		
6) Change Add Remove		·	

attach additional sheets, if necessary).	(Be specifi	ic)			
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			,		
an amendment provides for an excl provisions for implementing the ame	nange, reclas	sification, o	or cancellation	of issued shar	es,
(if not applicable, indicate N/A)	Harrion, II	ot containe.	a in the ameng	ment House	
N/A	•	•	•		•
		·····			

The date of each amendment(s) adoption: 03-01-2012
Effective date if applicable: 03-01-2012
(no more than 90 days after amendment file date)
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)
(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.
Dated 03-29-2012
Signature
(By a director, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Sona Navarro
(Typed or printed name of person signing)
President
(Title of person signing)