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Certificates	of Status
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Atten: Sternol Monain COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: FRIENCE	158 FAmily	Medical ce	HER INC
DOCUMENT NUMI	Pag -	2009		- <i>,</i>
The enclosed Atticles	of Amendment and fee are s	ubmitted for filing.	;	ينين
Please return all corres	spondence concerning this ma	atter to the following:		お意
,	Yoursy	 Name of Contact Person 	: · :	16 AUG 25
	Friend's 8	Family med	ical cente, I	NC PH 2: 18
	1150 NW 7	rave stes	70	
٠.	miomi F	Address		· ——
	Vane catro 2 E-mail address: (to be u	City/ State and Zip Coo <u>O ho final</u> C sed for future annual report	· cem	
For further information	concerning this matter, plea	se call:		
Your	1 lastro	at(_ 78 _@	246-923	3
Name of Name o	I Contact Person the following amount made		ide & Day time Telephone No artment of State:	amper
S35 Filing Fee	Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certifleate of Status Certified Copy (Additional Copy is enclosed)	
Mail	ing Address	Covers	Address	

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahussec, FT, 32314

Street Address
Amendment Section Division of Corporations Clifton Bullding 2661 Executive Center Circle Talianassee, FL 32301

Articles of Amendment to Articles of Incorporation

of a second seco
Keign o's 8 Family reducal certex Ire
(Name of Corporation as currently filed with the Florida Dept. of State)
<u> </u>
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," Inc., or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P A."
B. Enter new principal office address, if applicable:
(Principal affice address MUST BE A STREET ADDRESS)
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 4 Coulisy Contro
13430 Sw 192 est miami FC 33197 (Florida street address)
Now Registered Office Address: 1150 NW 72 ave Ste 500 Fiorida 33126 (City) (City)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
r nevery accept the apparament as registered agent. If am juntation with and occept the anagations of the position.
W. C.
Signature of New Progistered Agent, If 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. 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 Junes 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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	. <u>sv</u>	Sally Smith	
Type of Action (Chack One)	Title	Name	Address
1) Change			
Add X Remove	P	AniADNA DORTA	1150NW 72QUE STE 500 miani FC 33126
2) Change			
, Add .			·
Remove			
3) Change			·
Add			
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Add			
Remove			
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Ad3	•		
Remove		/	· · · · · · · · · · · · · · · · · · ·
δ) Change			
Add		•	
Remove			

amending or adding additional Article ttoch additional sheets, if necessary), (es, enter change(s) h (Be specific)	<u>ere</u> :	
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in amendment provides for an exchan- ovisions for implementing the amendr (if not applicable, indicate NA)	ge, reclassification, ment if not containe	or cancellation of issued share d in the amendment itself:	<u>:8,</u>
			
			
·			

The date of each amendment(s) ad	loption:	, if other than the
date this document was signed.		•
Effective date if applicable:	5/00/16	
	(no more than 90 days after amendment file date;	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filling requirements, this date witpurtment of State's records.	If not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ador by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) fitclent for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
ъу	<u> </u>	
-	(voling group)	
The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopaction was not required.	nted by the incorporators without shareholder action and shareholder	
Oated	<u> </u>	
Signature		
	rector, president or other officer - it directors or officers have not been	
	, by an injuryporator – if in the hands of a receiver, trustee, or other court and induction by that fiduciary)	
	Yoursel Costoo.	
	('A ped or printed name of person signing)	
	President	
	(Title of person cloping)	