P10000025466

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SELKETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PHYLLIS MURPI	HY, MD., P.A.	
DOCUMENT NUME	BER: P10000025466		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	David J. Sockol, Esquire		
		Name of Contact Person	n
	Law Office of David J. Sock	ol, P.A.	
		Firm/ Company	
	325 5th Street South		
		Address	
	St. Petersburg, FL 33701		
		City/ State and Zip Cod	e
sacka	lpa@sockol.com		
		sed for future annual report	notification)
	D-limit address. (w oo a	·	nonnearony
For further information	concerning this matter, pleas	se call:	
David J. Sockol, Esqui	ire	at (⁷²⁷	822-5200
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	
Tallahassee FL 32314		2661 F	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILLED SECRETARY OF STATE SIVISION OF CORPORATE A

2016 DEC -2 PM 1:51

PHYLLIS MURPHY, MD., P.A.

(Name o	of Corporation as currently	filed with the Florida Dept. of State)	
P10000025466			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amen	dment(s) to
A. If amending name, enter the new na	ame of the corporation:		
	nation "Corp," "Inc," or "	The n," "company," or "incorporated" or the abbrevio Co". A professional corporation name must contain P.A."	ation
B. <u>Enter new principal office address,</u> (Principal office address <u>MUST BE A S</u>			_
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			_ _
D. If amending the registered agent an new registered agent and/or the nev			
Name of New Registered Agent LAW OFFICE OF DAVID J. SOCKOL, P.A.			
	325 5th Street South		
	(Florida str	eet address)	
New Registered Office Address:	St. Petersburg,	, Florida 33701	
	·	(City) (Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		vith and accept the obligations of the position.	

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>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name ·	Address
1) Change				
Add				
Remove				the state of the s
2) Change				
Add				
Remove				
3) Change				
, Add		_	,	
Remove				
4) Change		_		
Add				
Remove				**************************************
5) Change				
Add				
Remove				
6) Change				
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Add				
Remove				

	(Be specific)		
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	A		
if an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellati adment if not contained in the ame	on of issued shares, ndment itself:	
or implementing the sme (if not applicable, indicate N/A)	nange, reclassification, or cancellati adment if not contained in the ame	on of issued shares, adment itself;	
or implementing the sme (if not applicable, indicate N/A)	nange, reclassification, or cancellati adment if not contained in the ame	on of issued shares, ndment itself:	
or implementing the sme (if not applicable, indicate N/A)	nange, reclassification, or cancellati adment if not contained in the ame	on of issued shares, ndment itself:	
cif not applicable, indicate N/A)	nange, reclassification, or cancellation adment if not contained in the ame	on of issued shares, ndment itself;	
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If an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellati adment if not contained in the ame	on of issued shares, adment itself:	

The date of each amendment(s) a	doption:	if other than the
date this document was signed.	•	JECKE TARY OF STATE
	TOBER 21, 2016	ATISION OF EURPORATIES
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	2016 DEC -2 PM 1:51
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this spartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment of the shareholders.	nt(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement .
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated//	14/2016	
Signature	allin I Marshy by	
	frector, president or other officer - if directors or officers have not be	
	d, by an incorporator - if in the hands of a receiver, trustee, or other c	ourt
appoin	ted fiduciary by that fiduciary)	
	PHYLLIS MURPHY, M.D.	·
	(Typed or printed name of person signing)	
	DWNEY	
	(Title of person signing)	

. . .