# P10000042380

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



500411092525

05-28-27 01009 015 ++35.80

2023 J. 28 PH 7: 48

S. ROBERTS AUG 0 8 2023

#### COVER LETTER ·

Division of Corporations							
NAME OF CORPORATION: Philip Delane, MD, PA  DOCUMENT NUMBER: P10000092380							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Philip Toold Devane  Name of Contact Person  Philip Devane MD PAT  Firm/ Company  3033 Riverside Dr.  Address  Fernandina Beach, FL 32034  City/ State and Zip Code  devanebusiness Solutions@gmail.co  E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Susan DeVane at 904 753-0299  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							

## Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 32314

## Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

#### Articles of Amendment

to

# Articles of Incorporation of

Philip DeVane. 1	MD. PA		
(Name of Corporation as	currently filed with the F	lorida Dept. of State)	-
<u> </u>			
(Document N	Number of Corporation (if k	inown)	
Pursuant to the provisions of section 607,1006, Florida Statitis Articles of Incorporation:	utes, this <i>Florida Profit Co</i>	rporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corpor name must be distinguishable and contain the word "corpor." Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation	ation," "company," or "ind "Co". A professional co		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u></u>		
			202
C. Enter new mailing address, if applicable:		•	r
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		٠-	
			<del></del>
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.  Name of New Registered Agent		nter the name of the	_
	Florida street address)		
New Registered Office Address:		Florida	
	(City)	(Zip	Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am		e obligations of the position.	

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Joi	nes	
X Add	<u>SV</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
I) Change		_		
Add				
Remove				
2) Change		<del></del>		
Add				
Remove 3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				<del></del>
6) Change		_		
Add				
Remove				

$\frac{1}{(I)}$	f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)
_	
<u>I</u>	f 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)
	<del></del>

The date of each amendment(s) ac	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirempartment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the flicient for approval.	amendment(s)
	roved by the shareholders through voting groups. The followeach voting group entitled to vote separately on the amenda	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
selected	ngales a January  rector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, ed fiduciary by that fiduciary)	
	Angela Susan De (Typed or printed name of person signing)	Vane
	(Title of person signing)	