## P10000102751

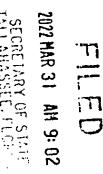
(R	equestor's Name)			
(Address)				
(A	ddress)			
(C	ity/State/Zip/Phone #	¥)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 50 MG	Medical Center PA#3		
	10000102751		
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
<del></del> "	Name of Contact Person		
	Well law Firm		
4979 SW74thCT Address			
<u>-</u> -	City/ State and Zip Code		
E-mail address: (to be use	ed for future annual report notitication)		
For further information concerning this matter, pleas	e call:		
MaxAdams	at (305) 4411 3484 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Englosed is a check for the following amount made p	payable to the Florida Department of State:		
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 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



SOMA MEDICAL CENTER PA #3	
(Name of Corporation as currently filed with the Florida Dept. of	State) : N
P10000102751	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopits Articles of Incorporation:	ts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
SURAMED HEALTH CENTER PA	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation nam "chartered," "professional association," or the abbreviation "P.A."	the abbreviation "Corp.," e-must-contain-the-word
B. Enter new principal office address, if applicable: (Principal office 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 new registered agent and/or the new registered office address:	of the
Name of New Registered Agent	
(Florida street address)	44 44
N D 100 111	Florida
New Registered Office Address:	(Zip Code)
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.
Signature of New Registered Agent, if changing	

Check if applicable

<sup>☐</sup> 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 fitte 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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	SV	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Chunge			
Add			
Remove			
2) Change	<u></u>		
Add			
Remove 3) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
NAME CHANGE		
W. If an amendment were then for an arrahance medical fination of any alleting of insued phonon		
F. 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)		
" · · · · · · · · · · · · · · · · · · ·		

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	m 90 days after amendment file date)
Note: If the date inserted in this block does not meet the algorithment's effective date on the Department of State's record	oplicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators action was not required.	or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes east for the amendment(s)
The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle	s through voting groups. The following statement d to vote separately on the amendment(s):
"The number of votes east for the amendment(s) wa	s/were sufficient for approval
by(voling group)	
(voting group)	
Dated 03/28/22 Signature Muy Fallu	uthur
(By a director, president or other	officer if directors or officers have not been in the hands of a receiver, trustee, or other court inty)
LINA P. SILVA	
(Typed or pri	nted name of person signing)
PRESIDENT	
(Title of pers	on signing)