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TO: Amendment Section
Division of Corporations

NAME OF CORPORAT	rion: Florida (Jenter for J	nfections Diseases	
DOCUMENT NUMBER	e PIIO	PO+80100		
The enclosed Articles of	Amendment and fee are sul	bmitted for filing.		
Please return all correspon	ndence concerning this mat	tter to the following:		
_	Jos	e Vindas - C Name of Contact Person	lordero	
Florida Center for Infections Diseases				
13241 Bartram Parl Blvd. Ste 1001				
7	ocksonville,	FL 3225 City/ State and Zip Cod	<u>.</u>	
 	E-mail address: (to be us	a gahco. es ed for future annual report	notification)	
For further information co	oncerning this matter, pleas	e call:		
Jose Vind	Contact Person	at (GO+ Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department 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
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

OIVIS A CAR TO THE CONTRACTOR

(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 office address <u>MUST BE A STREET ADDRESS</u>) 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 (Florida street address) New Registered Office Address: (City) (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

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	PT Joh	an Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	SV Sal	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	JP.	Jose Vindos-Cordero	13241 Bortram Park Blvd
Add			Stc 1001
Remove			Vacksonville, F132258
2) Change	P	Jose Vindas-Cordero	13241 Bardram Park Blud Ste 1001
Add Remove			Vacksonville F1 32258
3) Change	CEO	Jose Vindas-Cordero	
<u> 乂</u> Add			
Remove	an Cant		
4) Change	Medical Director	Jose Vindas-Cordero	
_∠ Add			
Remove			
5) Change	9	Barbara Meixel	13241 Bartram Park Blvd. Ste 1001
Remove			Vacksonville, FL32258
6) Change	7	Borbara Meixel	Nacksonville, FL32258 13241 Bartram Bork Blvd
入 Add			Ste 1001
Remove			Vacksonville, Fl 32058

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	······································
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	DIVISE SEE COR SEE ABOUR
Effective date if applicable:	dment file date) 15 AUG 27 AMTI: 27
(no more than 90 days after amen	dment file date) 13 AUG 2 [API] [: 2]
Note: If the date inserted in this block does not meet the applicable statutory fill document's effective date on the Department of State's records.	ing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately on	
"The number of votes cast for the amendment(s) was/were sufficient for ap	proval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sharehold action was not required.	der action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	ction and shareholder
Dated Curcust 35, 3015	
Signature (By a director, president or other officer – if directors of	or officers have not been
selected, by an incorporator—if in the hands of a receivappointed fiduciary by that fiduciary)	ver, trustee, or other court
(Typed or printed name of person signal	Cordero
President	
(Title of person signing)	