P12000017433

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Char	les K. Zachar, M.	D., P.A.	
DOCUMENT NUMBER: P120000	17433		
The enclosed Articles of Amendment		tted for filing.	
Please return all correspondence conc	erning this matter	to the following:	
Gary Walker, I	Esquire		
		Name of Contact Person	<u> </u>
Johnson Pope	Bokor Ruppel & I	Burns, LLP	
		Firm/ Company	
401 E. Jackson	Street, Suite 310		
		Address	
Tampa, Florida	a 33602		
		City/ State and Zip Code)
Sandra@jpfirm.com			
E-mail add	dress: (to be used	for future annual report	notification)
For further information concerning this	is matter, please c	all:	
Gary Walker, Esquire		at (813	225-2500
Name of Contact Person	on	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	amount made pay	able to the Florida Depa	rtment of State:
	Filing Fee & Cate of Status	3\$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 Corpora P.O. Box 6327 Tallahassee, FL 323	ations	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Charles K. Zachar, M.D., P.A.

(<u>Name o</u>	f Corporation as curre	ntly filed with the Florida	Dept. of State)
P12000017433			
	(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes. th	is <i>Florida Profit Corporat</i> i	on adopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:		
Charles K. Zachar, M.D., Inc.			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional co	corporated" or the abbreviation
B. Enter new principal office address,	if applicable:	n/a	
(Principal office address MUST BE A STREET ADDRESS)			× 8
			200
C P-4			-0
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	<u>cadic:</u> OFFICE BOX)	n/a ·	
			98 (3) 100 (4)
			· ·
D. If amending the registered agent an new registered agent and/or the new			e name of the
Name of New Registered Agent	n/a		
			.
	(Florida	street address)	.
New Registered Office Address:	n/a		, Florida
		(City)	(Zip Code)
			(a.f. a.m.)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist			neione of the new initial
г неголу шесері іне арранітені us regist	егей адені.— 1 ат затию	ir wan ana accept the oblig	utions of the position.
	Signature of New	v Registered Agent, if chans	ring

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: XChange	<u>PT</u>	John Doc		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1) Change		n/a	****	·······
Add				
Remove				
2) Change			······································	
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add		-	, ,	
Remove				
5) Change				
Add				
Remove				
6) Change	Min - 14-4		 	<u> </u>
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
one	
 	
	······································
	11 AM 67 PROFE
If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
ia	

The date of each amendment(s) adoption:, it' other than the
date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval
by" (voting group)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
February 20, 2018 Dated
Signature (By a director, president or other officer – if directors or officers have not been
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Charles K. Zachar
(Typed or printed name of person signing)
Director

(Title of person signing)