

P12000093284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

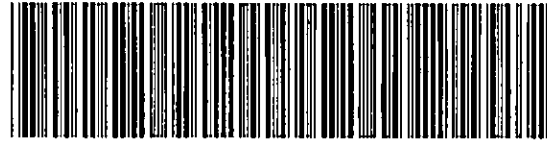
(Business Entity Name)

(Document Number)

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2021 OCT -8 PM 4:05  
CLERK OF STATE  
TALLAHASSEE, FL

A. Butler  
10/15/21

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: D's PA Services, Inc.  
DOCUMENT NUMBER: P12000093284

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEWitt Draper  
Name of Contact Person  
DCDW Medical Services, Inc.  
Firm/ Company  
16900 West Front Beach Rd.  
Address  
Panama City Beach, FL 32413  
City/ State and Zip Code  
DEWitt. Draper @ Gulfviewmedicalpcb.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEWitt Draper at (615) 330-3411  
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:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

FILED

D's PA Services, Inc.

2021 OCT -8 PM 4:05

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000093284

SECRETARY OF STATE  
TALLAHASSEE, FL

(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:

DCDW Medical Services, Inc.

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 MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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

DEWitt A. Draper

16900 WEST Front Beach Road

(Florida street address)

New Registered Office Address:

Panama City Beach

Florida

32413

(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.

DEWitt Draper

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.

Example:

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

1) ☐ Change

D

Donald P. Dorenkamp

16900 West Front Beach Rd  
Panama City Beach, FL 32413

☐ Add

☒ Remove

2) ☐ Change

PCFO

DE Witt A. Draper

16900 West Front Beach Rd.  
Panama City Beach, FL 32413

☒ Add

☐ Remove  
3) ☐ Change

VD

Marlen Celenia Moritz

16900 <sup>West</sup> Front Beach Rd.  
Panama City Beach, FL 32413

☒ Add

☐ Remove

4) ☐ Change

CEO

David Bradley Whitfield

16900 West Front Beach Rd.  
Panama City Beach, FL ~~32413~~ 32413

☒ Add

☐ Remove

5) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

☐ Remove

6) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

☐ Remove

Corrected Spelling.

Please update. Thank You

Marlen Celenia Moritz 10/5/2021

(Attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: 9/21/2021, if other than the date this document was signed.

Effective date if applicable: 9/21/2021  
(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 incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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 cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)"

Dated 9/21/2021

Signature Morley Celenia Moritz  
(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)

Morley Celenia Moritz  
(Typed or printed name of person signing)

Vice president & director  
(Title of person signing)

## Affidavit

STATE OF FLORIDA  
COUNTY OF BAY

The undersigned, DONALD PAUL DORENKAMP, being first duly sworn, do hereby state under oath and under penalty of perjury that the following facts are true:

1. I am over the age of 18 and am a resident of the State of Florida. I have personal knowledge of the facts herein, and, if called as a witness, could testify completely thereto.
2. I suffer no legal disabilities and have personal knowledge of the facts set forth below.
3. It is my choice, from this day forward, to relinquish all rights and assets of my business, D's PA Service INC , DBA Gulf View Medical Family Practice located at 16900 Front Beach Rd, Panama City Beach FL 32413 . One hundred percent of my shares is to be transferred to Marlen Celenia Moritz .

I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

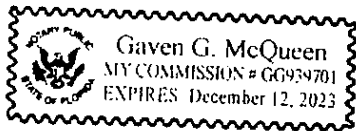
Executed this 26 day of August, 2021.

  
Donald Paul Dorenkamp

**NOTARY ACKNOWLEDGMENT**

STATE OF FLORIDA, COUNTY OF BAY, ss:

The foregoing Affidavit was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 26 day of August, 2021 by Donald Paul Dorenkamp, who is personally known to me or who has produced FL DL as identification, and being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.



[Signature]

Signature of person taking acknowledgment

GAVEN G. McQUEEN

Name typed, printed, or stamped

Notary of Florida

Title or rank

GG939701

Serial number (if applicable)