

P/3000025916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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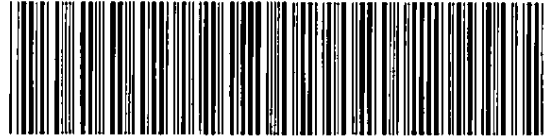
(Business Entity Name)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: AFC Physicians of Florida, P.A.

DOCUMENT NUMBER: P13000025916

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

Please return all correspondence concerning this matter to the following:

Michael Chester  
Name of Contact Person  
American Family Care, LLC  
Firm/ Company  
3700 Cahaba Beach Rd  
Address  
Birmingham, AL 35242  
City/ State and Zip Code  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Slanovits at ( 205 ) 831-0109  
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      ☐ \$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

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee

2025.11.11.2145

## AFC Physicians of Florida, P.A.

P13000025916

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

2015-11-23

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) <input type="checkbox"/> Change	<u>CEO</u>	<u>Dr. Donald Bruce Irwin</u>	<u>3700 Cahaba Beach Rd</u>
<input type="checkbox"/> Add			<u>Birmingham, AL 35242</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>PCEO</u>	<u>Randy Johansen</u>	<u>3700 Cahaba Beach Rd</u>
<input checked="" type="checkbox"/> Add			<u>Birmingham, AL 35242</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>CFO</u>	<u>Joseph Hawley</u>	<u>3700 Cahaba Beach Rd</u>
<input checked="" type="checkbox"/> Add			<u>Birmingham, AL 35242</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

970 1 10 11 2 16

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

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

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(if not applicable, indicate N/A)

(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 if applicable: \_\_\_\_\_  
(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.

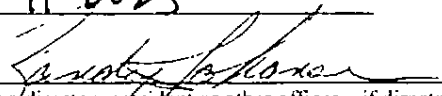
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ 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 10-11-2023

Signature   
(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)

Randy Johansen

\_\_\_\_\_  
(Typed or printed name of person signing)

President & CEO

\_\_\_\_\_  
(Title of person signing)

FILED  
OCT 11 2023  
CLERK OF COURT