P14000003841

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	Coughlan & Murra	ay Family Practice PA	
DOCUMENT NU	MBER: P14000003841		
The enclosed Artic	cles of Amendment and fee are su	bmitted for filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
	Devon Coughlan		
		Name of Contact Persor	1
	Leslie F Coughlan, NP PA		
	.	Firm/ Company	
	2623 S Seacrest Blvd Suite 1	16	
		Address	
	Boynton Beach, Fl. 33435		
		City/ State and Zip Code	
le	slie.arnp@mac.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	ation concerning this matter, pleas	se call:	
Devon Coughlan		561 at (509-6109
Na	me of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	rtment 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		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation of

Coughlan & Murray Family Practice, PA

(<u>Name of Cor</u> P1400003841	poration as currently	y filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of	the corporation:	
Leslie F. Coughlan, NP, PA		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "C	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		N/A
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or i	CE BOX)	ress in Florida, enter the name of the
new registered agent and/or the new regi		
Name of New Registered Agent	N/A	· · · · · · · · · · · · · · · · · · ·
	(Florida stre	eet address)
New Registered Office Address:	NA	, Florida
	((City) (Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered a		
	S'	equiptered 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	<u>PT</u>	John Doe		
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	VP	Donna Murray	2623 S Seacrest Blvd., Suite 116	
Add			Boynton Beach, FL 33435	
X Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		<u> </u>		
Add				
Remove			 	
5) Change		<u> </u>		
Add				
Remove				
6) Change		<u> </u>		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
	N/A
	N/A
	
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an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
DI OVISIONS LOI MIRDICINCINIE INC AME	inducent is not contained in the amenument usen:
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	N/B
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:, date this document was signed.	if other than the
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 no document's effective date on the Department of State's records.	t be listed as the
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 cast for the amendment(s) was/were sufficient for approval	
by"	
(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.	
02/01/2017	
Signature Lulu 7. Coughlan	
(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)	
Leslie F Coughlan	
(Typed or printed name of person signing)	
President	
(Title of person signing)	