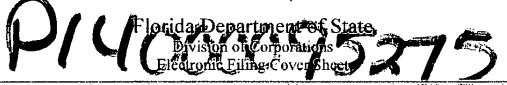
12/20/2016

Division of Corporations



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(((H16000311465 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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NFAM PHYSICIAN GROUP INC.

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1/1

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION:NFA	M Physician Group, Inc.	
DOCUMENT NUMBE	CR:	P14000095275	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	•
E	Benjamin Pogany		
		Name of Contact Person	
J	ones Day		
_		Firm/ Company	
9	01 Lakeside Avenue E		
		Address	
C	Cleveland, OH 44114		
******		City/ State and Zip Code	
bpogan	y@jonesday.com		
		sed for future annual report r	notification)
For further information Benjamin Pogany	concerning this matter, pleas	se call: at (586-7657
Name of	Contact Person	at (le & Daytime Telephone Number
	the following amount made		
□ \$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)
Amen Divisi P.O. I	ng Address dment Section on of Corporations 30x 6327 nassee, FL 32314	Amendr Division Clifton 2661 Ex	Address- ment Section n of Corporations Building secutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

NFAM Physician Group, Inc.

(Name (of Corporation as currently filed with	the Florida Dept. of State)	
P1400009527	5		
	(Document Number of Corporatio	n (if known)	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006. Florida Statutes, this Florida Pro	fit Corporation adopts the following amen	dment(s) to
A. If amending name, enter the new na	ame of the corporation:		
		The	new
	ation "Corp," "Inc," or "Co". A pro	nny," or "incorporated" or the abbrevion of the abbrevion of the abbrevion of the abbrevion of the abbrevior	ation
B. Enter new principal office address, Principal office address <u>MUST BE A S</u>			_
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
D. If amending the registered agent ar new registered agent and/or the ne		ida, enter the name of the	_
Name of New Registered Agent			
	1200 South Pine Island Road		
New Registered Office Address:	(Florida street address) Plantation	. Florida ³³³²⁴	
	(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	hanging Registered Agent: tered agent. I am familiar with and acc	ept the obligations of the position.	·

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 <math>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.

X Change	<u>PT</u> <u>John</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	DPCEO	Roy Serpa	1100 Park Central Blvd.
X Add			Suite 3400
Remove			Pompano Beach, FL 33069
2) Change	DVS	Steven Burns	1100 Park Central Blvd.
X Add	,		Suite 3400
Remove			Pompano Beach, FL 33069
3) Change	DVT	Hunter Peterson	1100 Park Central Blvd.
X Add			Suite 3400
Remove			Pompano Beach, FL 33069
4) Change	D	David Powell	1100 Park Central Blvd.
X Add			Suite 3400
Remove			Pompano Beach, FL 33069
5) Change	D	Jack Cardwell	1100 Park Central Blvd.
X Add			Suite 3400
Remove			Pompano Beach, FL 33069
6) Change			
Add			
Remove			

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f an amendment provides for an exchaprovisions for implementing the amend (if not applicable, indicate N/A)	nge, reclassifi dment if not co	cation, or ca ontained in t	ncellation of the amenda	of issued sha ent itself:	res,	
					· · ·	
				<u> </u>		

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		•
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopty the shareholders was/were sufficiently.	oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
by	"	
,	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated De	ecember 20, 2016	
Signature	that R. Poter	
(By a di selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Hunter Peterson	
	(Typed or printed name of person signing)	
	Vice President and Treasurer	
•	(Title of person signing)	