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JUN 21 2021

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Advanced Primary Care Associates, P.A. DOCUMENT NUMBER: P15000035009 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Danielle Mathis Name of Contact Person Advanced Primary Care Associates, P.A. Firm/ Company 1101 S. Eustis Street Address Eustis, FL 32726 City/ State and Zip Code d_mathis1107@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Danielle Mathis Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee S35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Advanced Primary Care Associates, P.A.		
(Name o	of Corporation as currently	filed with the Florida Dept, of State)
P15000035009		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new na	ame of the corporation:	
		The
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	Corp," "Inc," or "Co". A	The new ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable: TREET ADDRESS)	N/A
		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A
D. If amending the registered agent at new registered agent and/or the new	nd/or registered office addr	ess in Florida, enter the name of the
_	Danielle Mathis	
Name of New Registered Agent	12117 Days - Look I	
	12116 Buttonbush Loop (Florida stre	and the seal
	Leesburg	3 1799
New Registered Office Address:		, Florida
	((City) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:	San and the second second
I hereby accept the appointment as regist	tered agent. I am familiar w	ith and accept the obligations of the position.
Dani	ellemas	LIA.
	Signature of New Re	egistered 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)

Example:

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.

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	Name	Address
1) Change	D	Aimee Gilmet	356 Blue Branch Street
Add			Eustis, FL 32726
Remove 2) Change	D	Danielle Mathis	12116 Buttonbush Loop
X Add			Leesburg, FL 34788
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding a (Attach additional sheets.	dditional Articles, en if necessary). (Be s	nter change(s) her necific)	<u>re</u> :		
N/A					
				<u>_</u>	
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F. If an amendment provide provisions for implement	les for an exchange, parting the amendmen	reclassification, o	r cancellation of	issued shares,	
(if not applicable, it	idicate N/A)				
N/A					
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	5/3/2021	18 dividen
The date of each amendment date this document was signed		, if other than
_	5/3/2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this da he Department of State's records.	te will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder action	on and shareholder
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(sere sufficient for approval.	s)
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
"The number of vote:	s cast for the amendment(s) was/were sufficient for approval	
by	"	
,	(voting group)	
Dated	5/5/2021 Danielle Mathin	
Signature	DanielleMathi	
(E	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other courpointed fiduciary by that fiduciary)	1
	Danielle Mathis	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	

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