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SEP 15 2016 C MCNAIR

Division of Corporations Signature Physicians Group Inc. NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 1sef Karim Mobarak Firm/ Company USEF. MOBARAK & SIGNATURE HEALTH GROUP. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gabriela Enclosed is a check for the following amount made payable to the Florida Department of State: □S43.75 Filing Fee & ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

to **Articles of Incorporation**

Articles of Amendment UP Physicians Group, In (Name of Corporation as currently filed with the Florida Dept. of State)

ent(s) to

(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	900 Osceola Drive Suite 200, WPB,
	FL 33409
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	900 Osceola Drive
	Suite 200, WPB
	FL 33409
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent JUSEF V	harim mobarah
1730 Bor	rego Unit 8
New Registered Office Address: N/A (S	street address) Street address) Florida 33 401 (City) (City)
	(City) (Lip Cour)
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent. I am familia	with and accept the obligations of the position.
//	

Signature of New Registered 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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	_			
Add				
Remove				,-
2) Change	CFO		Antonia Julius	900 Osceola Dr. Suite 223 WPB,
Remove 3) Change Add	T	_	Peter Jon Julius	FL 33409 900 Osceola Dr. St. 223 WPB, FL 33409
Remove 4) Change Add	<u>CFO</u>	<u>-</u>	Nicholas Antoniallius	Suite 223 WPB
Remove 5) Change Add	-	_		FL 33409
Remove 6) Change Add				
Remove				

	(Be specific)				
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If an amendment provides for an exch	nange, reclassificati	on, or cancell	ation of issued s	shares,	
provisions for implementing the ame	nange, reclassificati ndment if not cont	on, or cancell lined in the a	ation of issued s mendment itself	shares, <u>:</u>	
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassificati ndment if not cont	on, or cancell lined in the a	ation of issued s nendment itself	sha <u>res,</u> <u>:</u>	
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provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassificati	on, or cancell	ation of issued s	hares,	

The date of each amendment(s) adoption: Hugust 1, 20 16 date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
(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 document's effective date on the Department of State's records.	ate will not 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(by the shareholders was/were sufficient for approval.	s)
☐ 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):	ent
"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 sharehold action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated AU6UST 17,2016	
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 cou appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
Registered Agent (Title of person signing)	