Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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COR AMND/RESTATE/CORRECT OR O/D RESIGN SOUTH FLORIDA HOSPITALIST PARTNERS, PA

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COVER LETTER

10:	Amendment Section
	Division of Corporations

NAME OF CORPORA	TION: South Florida Ho	spitalist Partners,	PA	
DOCUMENT NUMBE	R:			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspond	ondence concerning this ma	tter to the following	3 :	
C	heyenne Moseley			
_	,	Name of Contac	t Person	
1.	LegalZoom.com, Inc.			
_	92.20011,0011,110.	Firm/ Comp	запу	
11	01 N. Brand Blvd., 11th F	·	,	
<u>-</u>	Address			
G	lendate, CA 91203			
		City/ State and 2	Lip Cod	c
		,		
pedroe	juan8@gmail.com E-mail address: (to be us			
For further information of	oncerning this matter, pleas		•	
Cheyenne Moseley at (800) 773-0888 ext. 9724				
Name of Contact Person			Area Co	de & Daytime Telephone Number
Enclosed is a check for the	ne following amount made j	payable to the Flori	da Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing I Certified Copy (Additional copenclosed)		☐\$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 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

Articles of Inco	orporation			
SOUTH FLORIDA HOSPIT	ALIST PARTNERS, PA			
(Name of Corporation as currently filed with the Fl	orida Dept. of State)			
P1600000	08940			
(Document Number of Corporation (if	known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	<i>Sorida Profit Corporation</i> ado	opts the following	amendment(s)	to
A. If amending name, enter the new name of the corporation:				
South Florida Inpatient Utilization Consultants, PA			The new	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporati	ated" or the ablion nume must co	reviation intain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				
C. Enter new mailing address if anyllocalis.		- (/: - (/: - ()	30 T FE	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		72		· ·
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name	of the	FH 9: 58	J
Name of New Registered Agent	· 			
(Florida stree	et address)			
New Registered Office Address:	, Florida	<i>a</i> : <i>a</i> +1		
(City)		(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations o	of the position.		
	1	• •		

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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Same	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			_
3) Change			
Add			
Remove			
			
4) Change		- 	
Add			<u> </u>
Remove			
51 67			
5) Change			
Add			
Remove			
6) Change		- 	
Add		_	
Remove			

in amendment provides for an exchange, reclassification, or cancellation of issued share	~e
ovisions for implementing the amendment if not contained in the amendment itself:	23"
(if not applicable, indicate N/A)	
	
	- ··· -

	_, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
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)	
(woting 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.	
Dated December 11th, 2017	
Sign	
(By a director, provident 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)	
Pedro E. Juan	
(Typed or printed name of person signing)	-
President	
(Title of person signing)	-