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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: LEGALZOOM.COM INC. Account Name

Account Number : I20010000062 : (323)962-8600 : (323)962-3889 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN SOUTH FLORIDA INPATIENT UTILIZATION CONSULTANTS, PA

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	$_{ m DN_{1}}$ SOUTH FLORID	A INPATIENT UTILI	ZATION CONSULTANTS, PA			
DOCUMENT NUMBER:						
The enclosed Articles of Am	endment and fee are su	bmitted for filing.				
Please return all corresponde	ence concerning this ma	tter to the following:				
Chey	renne Moseley					
	Name of Contact Person					
Lega	IZoom.com, Inc.					
	Firm/ Company					
1011	N. Brand Blvd., 11th F	Floor				
	Address					
Glen	dale, CA 91203					
		City/ State and Zip	Code			
	- 0 🗇 11					
•	n8@gmail.com 5-mail address, (to be us	sed for future annual re	mort golification)			
•	2 mai address, (to be as	sec for facult landag re	JAN HOUNGARON			
For further information conc	erning this matter, pleas	se call:				
Cheyenne Moseley		at (80	0 , 773-0888 ext. 9724			
Name of Con	tact Person	Are	a Code & Daytime Telephone Number			
Enclosed is a check for the f	offorving amount made	payable to the Florida	Department of State:			
S35 Filing Fee E	<b>3\$</b> 43.75 Filing Fee & Certificate of Status	✓ \$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certificate of Status			
Mailing Address 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				

## Articles of Amendment to Articles of Incorporation of

2019-06-18 06 59 10 PDT

## SOUTH FLORIDA INPATIENT UTILIZATION CONSULTANTS, PA

(Name of Corporation as currently	y filed with the Florida Dept. o		_
	P16000008940		
(Document Number	of Corporation (if known)		=
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this Florida Profit	Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the	corporation:		
South Florida Hospitalist Partners, PA			_The new
name must be distinguishable and contain the was "Carp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the company of the contains	orp," "Inc," or "Co". A profes		
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A.			- -
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE I	<i>BOX</i> )		2019 "1118 Ait 9: 31
D. If amending the registered agent and/or registered agent and/or the new registered		enter the name of the	
Name of New Registered Agent		<del></del>	မှ
	(Florida street address)		. <b>–</b>
New Registered Office Address:	(City)	, Florida(Zip Code)	-
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent			

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 PTO

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 Do	<u>c</u>	
X Remove	¥	Mike Jo	nes	
X Add	<u>sv</u>	Sally Su	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
l) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		<del></del>		
Remove				
5) Change				
Add		_		
Remove				
δ) Change		_		
Add				
Remove				

. If umending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendment(s) adoption: 5/18/2019	, if other than th
date this document was signed.	
Effective date if applicable:  (no more than 90 days after amendment file date)	
(no more than 90 days after amendment fite 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 cust 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.	
Dated July 10th 2018 Signature	
	<del></del>
(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 financiary by that fiduciary)	
Pedro E. Juan	
(Typed or printed name of person signing)	
President	
(Title of person signing)	