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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Scott Gerson, M.D., P.A. DOCUMENT NUMBER: P16000034658
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Scott Gerson, M.D. Name of Contact Person Scott Gerson, M.D., P.A. Firm/Company 8365 Pine Cay Address West Palm Beach, FL 33411 City/ State and Zip Code mail @ ayurveda.md E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Scott Gerson, M.D. at 561 510 - 3833
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment

Articles of Incorporation

, ,	of A .
>c	ott Gerson, M.D., P.A.
(Name of Corpor	ation as currently filed with the Florida Dept. of State)
P	16000034658
(Doc	cument 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 amendment(s) t
A. If amending name, enter the new name of the	corporation:
	The new
	word "corporation," "company," or "incorporated" or the abbreviation orp," "Inc," or "Co". A professional corporation name must contain the he abbreviation "P.A."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	ROYI
(Numng numress MAI DE A 1 OSI OF ITCL 1	
	- Company of the Comp
	——————————————————————————————————————
	stered office address in Florida, enter the name of the
new registered agent and/or the new register	ed office address:
Name of New Registered Agent	• 7
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing F	Paristanad Agents
	t. I am familiar with and accept the obligations of the position.
Si	ignature 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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	•
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Doreen Cinguemani	488 A Coventry Court Manchester, NJ
Add		•	
X Remove			08759
2) Change	1	Nancy Gerson	13413 North 87th St.
Add			Longmont, CO 80503
Remove			
3) Change			
Add			
Remove			
4) Change	W-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding addition ttach additional sheets, if neces	ssary). (Be specific,)		
	· · · · · · · · · · · · · · · · · · ·			
·				
		<u> </u>		
				
		•		
an amendment provides for a	an exchange, reclass	ification, or cance	llation of issued sh	ires.
rovisions for implementing tl	<u>he amendment if not</u>	contained in the	amendment itself:	
(if not applicable, indicate	N/A)			
,	· · · · · · · · · · · · · · · · · · ·			
				
				· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(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, the document's effective date on the Department of State's records.	is date 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.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust 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)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	holder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	er
Dated April 21, 2016 Signature Serse D	
Signature Sersel D	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
Scott Gerson, M.D.	
(Typed or printed name of person signing)	
President	
(Title of person signing)	