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2019 HOV - 1, PH 4: 35

C. GOLDEN
DEC - 1 2019

COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: _	PAXTON	MEDICAL	MANAGEMENT, INC	
DOCUMENT NUMBER:	P17000	0059983		
The enclosed Articles of Amendm	ent and fee are subr	nitted for filing.		
Please return all correspondence co	oncerning this matte	r to the following:		
12 	2020 Sem argo, FL ohntgrove	Name of Contact Person Para Mana Firm/ Company Address 33777 City/ State and Zip Co O Mail, Co I for future annual report	de m	
For further information concerning	this matter, please	call:		
John Gra	,vc	aı(72-	744-9503	
Name of Contact P	erson	Area C	ode & Daytime Telephone Number	
Enclosed is a check for the following	ng amount made pa	yable to the Florida Dep	partment of State:	
□ \$35 Filing Fee □\$43. Certi	75 Filing Fee & ficate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building		

Tallahassee. FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation



PAKTON MEDICAL MANAGEMENT (Name of Corporation as currently filed with the Florida Dept. of State) 7000059983 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: __ New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	$\overline{\mathcal{D}}$	Tyrone Tredtan, D.O.	16221 Redington Drive
_ X _ Add			Redington Beach, FL
Remove			33708
2) Change	D	Eugene Dibeth, D.O.	3700 Coquing Key Dr. SE
Add			Stlekrshurg F1 33705
Remove 3)Change	D	John T. Grove	8041 Quan C+
<u></u> X ∧dd			Largo, Fc 33777
Remove			
4) Change	$\overline{\mathcal{D}}$	Michelle Dibetta, M.D.	3700 Coquing Key Dr SE
X Add			St Petersburg FZ 33705
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	Attach addition	adding additional Articles, enter change(s) here: al sheets, if necessary). (Be specific)
provisions for implementing the amendment if not contained in the amendment itself:		
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(if not applicable, indicate N/A)	provisions for	implementing the amendment if not contained in the amendment itself:
	(if not app	Teable, indicate N/A)
		<u> </u>

The date of each amendment(s) adoption: late this document was signed.	October 1	5,2019	, if other than the
ū	tober 15,	Zo 19 ays after amendment file date	. <u></u>
	mo more man 90 a	ays after amenament file aare)
Note: If the date inserted in this block does document's effective date on the Department of		e statutory filing requiremen	ts, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		mber of votes cast for the am	endment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting			
"The number of votes cast for the ame	endment(s) was/were s	ufficient for approval	
by	oting group)		
☐ The amendment(s) was/were adopted by the action was not required.			
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without	shareholder action and share	holder
Dated Oct-ber Signature	15, 2019	- lun	
	sident or other officer	– if directors or officers have	not been
		ands of a receiver, trustee, or	other court
appointed fiducia	ry by that fiduciary)		
Je	ffrey S. G	T かくこ ne of person signing)	
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Pre	s:lent		
	(Title of p	person signing)	