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SEURLIARY OF SHAPE SIVISION OF CONBORATIONS

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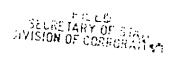
TO: Amendment Section Division of Corporations

2010 JUL -9 AM 11: 12

NAME OF CORPO	RATION:	ERING, D.O., P.A.	
DOCUMENT NUM	BER:		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MAX A ADAMS ESQ		
		Name of Contact Person	on
	THE MEDI LAW FIRM		
		Firm/ Company	
	2151 S LEJEUNE ROAD		
	TO TO LEGEORE NOAD !		
		Address	
	CORAL GABLES, FL 3313	34	
		City/ State and Zip Co	de
INFO	O@THEMEDILAWFIRM.CC	ОМ	
	_	sed for future annual repor	rt notification)
		•	,
For further information	on concerning this matter, pleas	se call:	
MAX ADAMS		305	444.3484
	of Contact Person	at (305) 444-3484
Name	of Confact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	partment of State:
\$35 Filing Fee	□\$43.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee
	Certificate of Status	Certified Copy	Certificate of Status
		(Additional copy is enclosed)	Certified Copy (Additional Copy
		encioseaj	is enclosed)
Ma	iling Address	Stree	t Address
	endment Section		ndment Section
	ision of Corporations		ion of Corporations
	. Box 6327		on Building
I all	lahassee, FL 32314	2661	Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



RYAN A. SCHUERING, D.O., P.A.

2818 JUL -9 AMII: 12

(Name of Corporation a	is currently filed with the Florida Dept. of State)
	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Staits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	eration:
	The new corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.	SSS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida,
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
Signettur	c 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 De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
X Change	Р		SCHUERING, RYAN A	1756 N. BAYSHORE DRIVE
Add		_		APT 11K
Remove				MIAMI, FL, 33132
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				<u> </u>
Remove				
5) Change	-			
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) ADDING STATE IN OFFICER SECTION			
ADDING STATE IN STRICT SECTION			
F. 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)			

the date of each amendment(s) a date this document was signed.	doption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were adaction was not required.	lopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adaction was not required.	lopted by the incorporators without shareholder action and shareholder
JULY 3, 2	
Dated Signature	15
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	RYAN A. SCHUERING
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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