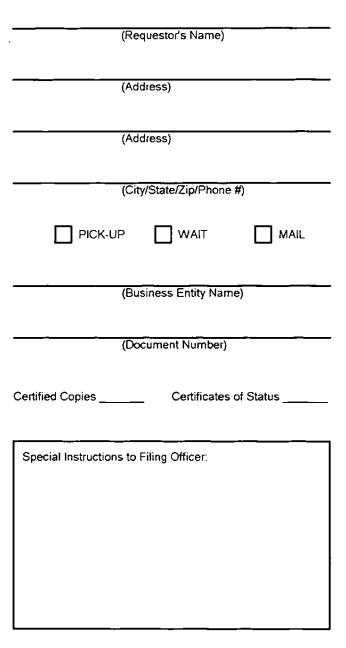
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Office Use Only



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R. MARIA Juli 18 22

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Med Excel Clinic,	P.A.				
DOCUMENT NUM	P20000000230					
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.				
Please return all corr	espondence concerning this ma	atter to the following:				
	Virginia Broome					
		Name of Contact Person	n			
	Male Excel, Inc.					
		Firm/ Company				
	8133 Ardrey Kell Rd. Ste. 201					
		Address				
	Charlotte, NC 28277					
	City/ State and Zip Code					
	vabroome@maleexcel.com					
	- T	sed for future annual report	notification)			
For further informati Virginia Broome	on concerning this matter, plea		472 6460			
	of Contact Person	at (704	de & Daytime Telephone Number			
Name	of Confact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:			
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

	of	•	7:57 -2 /11- pt. of State)	
(Name	of Corporation as current	ly filed with the Florida De	ot. of State)	\$:43
Med Excel Clinic, P.A.				-
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.	.1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amen	.dment(s)
A. If amending name, enter the new n	ame of the corporation:			
N/A			The	new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co"	1 professional corporation :	" or the abbreviation "Cor	rp., "
• •		N/A		
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				_
				_
				_
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)		N/A		
				_
D. If amending the registered agent an new registered agent and/or the new			ume of the	
Name of New Registered Agent	N/A			
traine of their registered tigera				
	(Florida st	reet address)		
New Registered Office Address:	N/A	,	121 - 13	
New Registered Office Address:		(City)	Florida (Zip Code)	
		(City)	(Zip Code)	
New Registered Agent's Signature, if continue the hereby accept the appointment as regist			ns of the position.	
	Signature of New K	Registered Agent, if changing		

heck if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	P/D	_	Craig Larsen	8133 Ardrey Kell Rd.
Add				Ste. 201
X Remove				Charlotte, N.C. 28277
2) Change		<u></u>		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
) Change		_		
Add				
Remove				
Change		<u>.</u>		
Add				
Remove				

	or adding additional tional sheets, if necessar	ry). (Be specific)			
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f an amend	lment provides for an	exchange, reclassifica	ition, or cancellation	of issued shares,	
TEUTICIONS.	for implementing the applicable, indicate N/2	amendment if not cor	itained in the amend	ment itself:	
(if not	аррисате, таксате 1872	4)			
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	5/27/2020	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amer sufficient for approval.	idment(s)
	approved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
5/27/202 Dated Signature	Nat A	
(By a selec	director, president or other officer – if directors or officers have no ted, by an incorporator – if in the hands of a receiver, trustee, or oth inted fiduciary by that fiduciary)	
	Peter Fotinos, M.D.	
	(Typed or printed name of person signing)	
	President/Director	
	(Title of person signing)	<del></del>