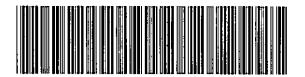
## P21000095122

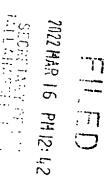
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MA	IL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE			
MAR 2 9 2022			

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Trident Medical G	roup, PA		
	BER: P21000085122			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Jon Wu			
		Name of Contact Person	on .	
	Ursula MSO, Inc.			
	Firm Company			
	548 Market Street, PMB 754	81		
		Address		
	San Francisco, CA 94104-54	01		
		City/ State and Zip Co	de	
	Ursula@siren.care			
	E-mail address: (to be us	sed for future annual repoi	rt notification)	
For further informatio	on concerning this matter, plea		855-1744	
	of Contact Person	at ( Area C	ode & Daytime Telephone Number	
	or the following amount made			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 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 Tallahassee, FL 32314		Amer Divis The C 2415	t Address indment Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	

## Articles of Amendment to Articles of Incorporation of

Trident Medical Group, PA			7	77 -	- as ma
(Name o	of Corporation as currentl	y filed with the Florida Dept. of State	) 50/2	:	-17
P21000085122			ان تا ادر	主	コ
	(Document Number o	f Corporation (if known)		<u>. (*)</u>	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the f	ollowing	g amene	) dment(s) to
A. If amending name, enter the new na	ame of the corporation:				
N/A				The	
name must be distinguishable and contain "Inc" or Co.," or the designation "C "chartered," "professional association,	orp," "Inc," or "Co", 2	A professional corporation name must		n "Cor	p., "
B. Enter new principal office address, (Principal office address MUST BE A S		N/A			_
<ul> <li>C. Enter new mailing address, if apple (Mailing address MAY BE A POST)</li> <li>D. If amending the registered agent ar new registered agent and/or the new registered agent agent</li></ul>	OFFICE BOX)  d/or registered office add				
Name of New Registered Agent	N/A	·			
	(Florida str	vet address)			
New Registered Office Address:	N/A	. Florida			
		a uyi	(Zip C	oder	_
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent ered agent. I am familiar v	<u>:</u> with and accept the obligations of the po	sition.		

Signature of New Registered Agent, if changing

## Check 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)

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>	Address
1) Change	PD	Kimberty Henderson, M.D.	333 SE 2nd St. Suite 2000
X Add			Miami, FL 33131
Remove			
2) Change			
Add			<del>.</del>
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Damayo			

(Attacl	ending or adding additional Articles, enter change(s) here: v additional sheets, if necessary). — (Be specific)
N/A	
_	
<u>-</u>	
. Ifan:	amendment provides for an exchange, reclassification, or cancellation of issued shares,
prov	isions for implementing the amendment if not contained in the amendment itself:
	if not applicable, indicate N/A)
<del>!</del> /Α	

The date of each amendment(s date this document was signed.	) adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	is block does not meet the applicable statutory filing requirements, this date. Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action	on and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(se sufficient for approval.	5)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	ગા
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Marc Dated	h 9, 2022	
Signature <b>K</b>	inberty ). Henderson HD	
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other cour ointed fiduciary by that fiduciary)	t
	Kimberly Henderson, M.D.	
	(Typed or printed name of person signing)	
	Incorporator	
	(Title of person signing)	<del></del>