

P21000091884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

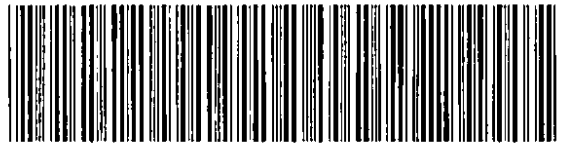
(Business Entity Name)

(Document Number)

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2022 MAY -5 AM 11:16

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TALLAHASSEE, FL 0600

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2022 MAY -5 AM 8:37

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TALLAHASSEE, FL

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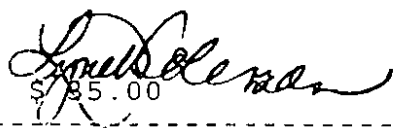
CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 656404 4802897

AUTHORIZATION :

COST LIMIT : \$85.00



ORDER DATE : May 3, 2022

ORDER TIME : 8:0 AM

ORDER NO. : 656404-005

CUSTOMER NO: 4802897

DOMESTIC AMENDMENT FILING

NAME: ZIPHYCARE MEDICAL OF FLORIDA,  
P.A.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ZIPHYCARE MEDICAL OF FLORIDA, P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** P21000091884

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Stringfellow

(Name of Person)

Garfunkel Wild, P.C.

(Name of Firm/Company)

111 Great Neck Road, 6th Floor

(Address)

Great Neck, Ny 11021-5406

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Stringfellow

(Name of Person)

at ( 516 ) 393-2578  
(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

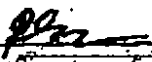
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Rada Sumareva, DDS, hereby resign as Vice President  
(Title)

of ZIPHYCARE MEDICAL OF FLORIDA, P.A.  
(Name of Corporation)

P21000091884, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

**FILED**  
2022 MAY -5 AM 8:37  
TALLAHASSEE, FL

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314