## P22000069125

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ROBUST MEDICA	AL CENTER, INC.	
DOCUMENT NUMB			
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
,	YANET GOMEZ		
-		Name of Contact Person	1
1	ROBUST MEDICAL CENT	ER, INC.	
-		Firm/ Company	
	0622 DEVCO DRIVE	Time company	
-	····	Address	
1	PORT RICHEY, FL 34668		
-		City/ State and Zip Cod	2
	FRUSTCAREMEDGROUP(	@GMAIL.COM	
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
GLENDA SANTIAGO	)	727 at (	233-2025
Name o	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section In of Corporations Entre of Tallahassee N. Monroe Street, Suite 810 Issee, FL 32303

## Articles of Amendment Articles of Incorporation

of

ROBUST MEDICAL CENTER, INC.	U.	FIIFN
(Name	of Corporation as current	ly filed with the Florida Dept. of State)
P22000069125		2024 JAN 24 AM 10: 09
	(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
TRUSTCARE MEDICAL GROUP, INC		The new
	Corp," "Inc," or "Co".	'company," or "incorporated" or the abbreviation "Corp"  A professional corporation name must contain the word
B. Enter new principal office address,	if applicable:	N/A
(Principal office address MUST BE A S		
C. Enter new mailing address, if appl	icable:	PO BOX 730
(Mailing address MAY BE A POST	OFFICE BOX)	10 000 730
		PORT RICHEY, FL 34673
D. If amending the registered agent ar new registered agent and/or the new		
	YANET GOMEZ	<del></del>
Name of New Registered Agent	10324 ORCHID DRIVE	<del></del>
	(Florida st	reet address)
New Registered Office Address:	PORT RICHEY	. Florida <sup>34668</sup>
New Registeren Office Address.		(City) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agen tered agent I am familiar	t: with and accept the obligations of the position.
The try decipion appointment as regist	a A	with and accept the timigations of the position.
	4 ghe	
	Signature of New I	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: XChange	PT	John Do	<u>c</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
l) Change	• •	_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
Change				
Add		_		
Remove				
6) Change				
Add		_		
Remove				

E. If amending or addin (Attach additional she	ng additional Articles, en pets, if necessary). (Be sp	ter change(s) here: necific)			
N/A		•			
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F. <u>If an amendment pr</u>	ovides for an exchange, r	reclassification, or ca	ancellation of issued	shares,	
provisions for impl	ementing the amendmen le, indicate N/A)	t if not contained in	the amendment itse	<u>lf:</u>	
N/A	e, mateure 1971)				
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				-	
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The date of each amendment(s) a date this document was signed.	doption:, if other than
•	2/2024
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the Do	clock does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
must be separately provided for	for the amendment(s) was/were sufficient for approval
by	
	(voting group)
01/15/2024 Dated	
Signature	wake!
selecto	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	YANET GOMEZ
	(Typed or printed name of person signing)
	PRESIDENT