## Blorida Department of State Division of Corporations Electronic Filing Corres Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000339876 3)))



H240003398763ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

_		
	•	
	u	

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

## COR AMND/RESTATE/CORRECT OR O/D RESIGN CCMC PHYSICIAN HOLDINGS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$43.75

OCT 10 2024

Gelectronic Filing Menu

Corporate Filing Menu

Help

-YEOEIVED

H24000339876

## Articles of Amendment to Articles of Incorporation of

CCMC Physician H	oldings, Inc.	
(Name of Corporation as current)	y filed with the Florida Dept. of State)	
P23000058829		
(Document Number of	Corporation (if known)	730
(Document Number of Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following as	nendment(s)
A. If amending name, enter the new name of the corporation:	ari.	6
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:	ompany," or "incorporated" or the abbreviation " professional corporation name must contain th	Corp
(Principal office address MUST BE A STREET ADDRESS)		
		<del></del>
C. Fator and mallion add to the No. 11		
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office address; new registered agent and/or the new registered office address;	ess in Florida, enter the name of the	
Name of New Registered Agent		
(Florida stre	et address)	
New Registered Office Address:	, Florida	
•	(City) (Zip Code	<b>y</b>
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.	
Signature of New Re	gistered Agent, if changing	
Check if applicable		

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

H24000339876

(04/06) 10/09/2024 10:46:23 AM H24000339876

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:

<u> </u>	iri jom	Doe	
X Remove	Y Mike	: Jones	
_X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	Address
l) X Change	D,P,CEO	Paul McBride	7500 SW 8th Street, Suite 400
Add			Miami, FL 33144
Remove			
2) Change	<del></del>		
Add			
Remove 3) Change	<del></del>		<del></del>
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<mark>l(amending or adding additional Arti</mark> Attach <i>additional sheets, if necessary).</i>	(Be specific)	H240003398
	<del></del>	
		···
<del></del>		<del></del>
-		
		<u></u>
<del></del>	-	<del></del>
		<del></del>
		<u> </u>
	<del>-</del>	
		<del></del>
f an amendment provides for an exchange	ange, reclassification, or cancellation of issued a	hares.
(If not applicable, indicate $N/A$ )	idment if not contained in the amendment itself	
· · · · · · · · · · · · · · · · · · ·		
		<u> </u>
		<del></del>

(06/05) 10/09/2024 10:47:05 AM

H24000339876

The date of each amendment(s) adoption: _	September 20, 2024	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date	:)
Note: If the date inserted in this block does a document's effective date on the Department of	not meet the applicable statutory filing requirement f State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	IECK ONE)	
☐ The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors without shareh	polder action and shareholder
■ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the arrapproval.	nendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	te shareholders through voting groups. The following group entitled to vote separately on the amendment	ng statement nt(s):
"The number of votes cast for the ame	ndment(s) was/were sufficient for approval	
by		
(vo	ting group)	
October 9, 2024  Dated  Blund by:		
selected, by an inc	ident or other officer – if directors or officers have orporator – if in the hands of a receiver, trustee, or by by that fiduciary)	not been other court
	Paul McBride	
	(Typed or printed name of person signing)	
	President	
<del></del>	(Title of person signing)	<del></del>