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.

(((H24000360916 3)))



H240003609163ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : URS AGENTS LLC Account Number : 120150000127 Phone : (800)567-4397 Fax Number : (800)567-4398

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

Email Address: RHENDERSON@URSCOMPLIANCE.COM

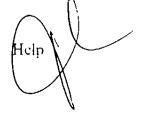
14 OCT 29 PH 5: 09

COR AMND/RESTATE/CORRECT OR O/D RESIGN JASPER ONCOLOGY SERVICES FLORIDA, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



Check if applicable

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

H240000360916 3

Articles of Amendment to Articles of Incorporation of

1	of Corporation as currently	filed with the Florida Dept. o	f State)		
24000036026	•				
	(Document Number of	Corporation (if known)	····		
rsuant to the provisions of section 607. Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adop	ots the followi	ng amendme	:nt(s)
If amending name, enter the new no	ame of the corporation:				
				The new	•
me must he distinguishable and contain nc.," or Co" or the designation "C hartered," "professional association,"	Corp." "Inc." or "Co". A	mpany," or "incorporated" or professional corporation nam	the ubbreviat e-must-conta	ion "Corn "	, !
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		235 N Westmonte Dr			
		1st and 2nd Floor			
	·	Altamonte Springs, FL 3271-			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		235 N Westmonte Dr		2024 (5.	• •
		1st and 2nd Floor		3	 .e.
		Altamonte Springs, FL 32714		\$.	3.
If amending the registered agent an new registered agent and/or the new	d/or registered office addre v registered office address;	ss in Florida, enter the name	of the	80: 01 14	ري الاي
Name of New Registered Agent	URS AGENTS, LLC		. •	<u>8</u>	
	3458 LAKESHORE DRIVE				
	(Florida stree	t address)		_	
New Registered Office Address:	TALLAHASSEE		lorida	Code)	

H240000360916 3

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 4dd

X Change	PT John	1 Une	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
11 Change	COO, D	GREG ORR	235 N Westmonte Dr
X Add			1st and 2nd Floor
Remove			Altamonte Springs, FL 32714
2) Change			2024
Add			OCT .
Remove 3) Change			2024 OCT 29 M1 101 08
Add			
Remove			8.0
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
η Change			
Add			
Remove			

H240000360916 3

E. If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)	
		2021
		95.
		2021 00 7 29
		
		AH 10: 08
		
E. If an amendment provides for an eye	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
	<u> </u>	
	All the All the Annual Control of the Annual	

H240000360916 3

The date of each amenda date this document was sig	nent(s) adoption:ned.	, if other than the
Effective date <u>if applicab</u>	le:	
	(no more than 90 days after amendment fu	le date)
Note: If the date inserted document's effective date	in this block does not meet the applicable statutory filing requion the Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment	(s) (<u>CHECK ONE</u>)	
The amendment(s) was action was not required	were adopted by the incorporators, or board of directors without	shareholder action and shareholder
	were adopted by the shareholders. The number of votes cust for sewere sufficient for approval.	the amendment(s)
must be separately pro	(were approved by the shareholders through voting groups. The fivided for each voting group entitled to vote separately on the ameotes cast for the amendment(s) was/were sufficient for approval	2021 (OC) 25
Dated	925/2024 Greg Orr	H 10: 08
·	(By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, trusta appointed fiduciary by that fiduciary)	
	GREG ORR	
	(Typed or printed name of person signing)	
	CHIEF OPERATIONS OFFICER	
	(Title of person signing)	