# P94000058415

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### COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	RAMAKRISHNA P. KANURI,	M.D., P.A.			
DOCUMENT NUMBER:	P94000058415				
The enclosed Articles of Amendment	and fee are submitted for filing.				
Please return all correspondence conce	erning this matter to the following:				
	RAMAKRISHNA P. KANURI				
	Name of Contact Person				
	RAMAKRISHNA P. KANURI, M.D., P.A.				
	Firm/ Company				
12190 CORTEZ BLVD					
Address					
	BROOKSVILLE, FL 34613				
City/ State and Zip Code					
	RamkiKanuri@gmail.com				
E-mail add	dress: (to be used for future annual report	notification)			
	,	•			
For further information concerning thi	s matter, please call:				
1 ,	•				
Julie KANUR	( at ( 3 <u>52</u>	) 597-1206 ode & Daytime Telephone Number			
Name of Contact Person	on Area Co	ode & Daytime Telephone Number			
Enclosed is a check for the following	amount made payable to the Florida Dep	artment of State;			
	Filing Fee & S43.75 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 Corpora P.O. Box 6327 Tallahassee, FL 323	Amen Ations Divisi Clifto	Address dment Section on of Corporations n Building Executive Center Circle			

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

#### RAMAKRISHNA P KANURI MD PA

## (Name of Corporation as currently filed with the Florida Dept. of State) P94000058415 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

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.

X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ke Jones	
<u>X</u> Add	<u>ŞV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	CHRISTOPHER D PACKEY	12190 CORTEZ BLVD
X Add		•	BROOKSVILLE, FL 34613
Remove			
2) Change		<u> </u>	
Add			
Remove			19 19 19 19 19 19 19 19 19 19 19 19 19 1
3)Change			19 JUN
Add			
Remove		•	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)	
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		JUN 13
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an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,	277
orovisions for implementing the ame	endment if not contained in the amendment itself:	AHII: SE SIA SE COR
(if not applicable, indicate N/A)		高声
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JUNE 06, 2019	
The date of each amendment(s) adoption:	_, if other than th
date this document was signed.	
JUNE 06, 2019  Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will redocument's effective date on the Department of State's records.	not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated "- c.	
Signature /	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court; appointed fiduciary by that fiduciary)	I D
RAMAKRISHNA P KANURI	<b>&gt;</b>
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)