P94000072527

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Jack H. Soliman, N	M.D., P.A.			
DOCUMENT NUMI			_		
	of Amendment and fee are su	bmitted for filing	ļ.		
Please return all corres	spondence concerning this ma	tter to the followi	ing:		
	Jack H. Soliman				
		Name of Cont	tact Persor	1	
		Firm/ Co	mpany		
	6100 St Johns Ave, Ste A				
	Address				
	Palatka, FL 32177				
		City/ State and	d Zip Code	e	
	E-mail address: (to be us	sed for future ann	ual report	notification)	
	3	,		,	
For further information	concerning this matter, pleas	se call:			
Jack H. Soliman		at (386	328-1117 de & Daytime Telephone Number	
Name o	of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Flo	orida Depa	urtment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Certified Co (Additional c enclosed)	ру	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O.	ndment Section sion of Corporations Box 6327 thassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

Jack H. Soliman, M.D., P.A. (Name of Corporation as currently filed with the Florida Dept. of State) P94000072527 (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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	Jane Soliman	3000 S. Semoran Blvd, Unit 11
X Add			Orlando, FL 32822
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
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	<u>-</u>	
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		<u> </u>
		
		
	 	
f an amendment provides for an exch	inge, reclassification, or cancell	lation of issued shares,
provisions for implementing the ame	dment if not contained in the a	mendment itself:
(if not applicable, indicate N/A)	,	
<u> </u>	<u> </u>	
		

	January 1, 2019	
The date of each amendment(s)		, if other than th
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 document's effective date on the l	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	1
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated <u>6</u> — Signature ↓		
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Jack H. Soliman	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	