00005784 (Requestor's Name) (Address) 400183033194 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL 07/08/10--01024--016 **52.50 (Business Entity Name) (Document Number) Certificates of Status Certified Copies Special Instructions to Filing Officer: --8 PH 3:2 ĒD Ś Office Use Only ;

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Rakesh Rohatgi, M.D., P.A. DOCUMENT NUMBER: P95000057842 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Gary Walker, Esquire Name of Contact Person	
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Please return all correspondence concerning this matter to the following: Gary Walker, Esquire Name of Contact Person Allen Dell, P.A. Firm/ Company 202 S. Rome Avenue, Suite 100 Address Tampa, FL 33606 City/ State and Zip Code roh2340@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gary Walker, Esquire Name of Contact Person at (
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P.O. Box 6327 Clifton Building	
Tallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

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Articles of Amendment to Articles of Incorporation of

Rakesh Rohatgi, M.D., P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

P95000057842

(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:

Tri-County Hematology and Oncology, P.A.	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated	
abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional cor	poration
name must contain the word "chartered," "professional association," or the abbreviation "P.A."	

(Principal office address <u>MUST BE A STREET</u>	icable: [ADDRESS]	<u>n/a</u>					
				·		10.	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFIC</u>	<u>E BOX</u>)	n/a		• 		8- JUL	
· · · ·				<u>.</u>		PH 3	ні О
D. If amending the registered agent and/or re new registered agent and/or the new regist	gistered office bered office add	address in Flo ress:	rida, ente	r the name	of the	3:21	
Name of New Registered Agent:	n/a	۔ ۱ ۱	·	- 1			
. •				•			•
				. :			
New Registered Office Address:	(Flori	da street addre	55)				
<u>New Registered Office Address</u> :	(Flori (City)	da street addre		, Florida Code)		e.	

Signature of New Registered Agent, if changing

Page 1 of 3

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removed an	the Officers and/or Directors, enter d title, name, and address of each Of	the title and name of each ficer and/or Director bein	<u>officer/director being</u> g added:	,
(Attach addi	tional sheets, if necessary)		;	
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