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.

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Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CAPITOL SERVICES, INC.

Account Number: 120160000017 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 M.D. THERAPY SERVICES, INC.

Certificate of Status	0
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TO: Amendment Section

H21000320586

## **COVER LETTER**

Division of Corp	porations			
NAME OF CORPO	RATION: M.D. Therapy Serv	vices, Inc.	<u> </u>	
	BER:P95000080077			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Robert Greg Young			
		Name of Contact Person	1	
	Concierge Florida Acquisitio	ns 3, LLC		
		Firm/ Company		
	4655 Salisbury Road, Ste. 11	0		
		Address		
	Jacksonville, Florida 32256			
		City/ State and Zip Code	ŧ	
	GYoung@conciergehomecar	refl.com		
	<del>-</del>	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Robert Greg Young		at ( 904	733-1003 ext. 9993	
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	illing Address		Address Iment Section	
	rision of Corporations	Division of Corporations		
P.C	). Box 6327		entre of Tallahassee	
Tal	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

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

H21000320586

## Articles of Amendment to Articles of Incorporation of

M.D. Therapy Services, Inc.			
(Name o	f Corporation as curren	dy filed with the Florida Dept. of State)	
P95000080077			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the fo	ollowing amendment(s)
A. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co".	A professional corporation name must	The new reviation "Corp.," contain the word
B. Enter new principal office address, if applicable:  4655 Salisbury Road, Ste. 110			
(Principal office address MUST BE A STREET ADDRESS)		Jacksonville, Florida 32256	
			<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4655 Salisbury Road, Stc. 110	EOREN
		Jacksonville, Florida 32256	26
		Attn: Greg Young	139 E 17
D. If amending the registered agent an new registered agent and/or the new			0:00
Name of New Registered Agent  Robert Greg Young  4655 Salisbury Road, Ste. 110			
		. 110	
	(Florida s	rees address)	
New Registered Office Address: Jacksonville, Floring (City)		, Florida	2256
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar		sition.
/s/ Robert G		Registered Agent, if changing	·
Charle if amplicable	Signalar Coj Men	reducer on referred & suspensions	

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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 Doc	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	: ^
Type of Action (Check One)	Title	Name	Address Fig. 22
1) Change	PD	Jeffrey L. Fisher	4655 Salisbury Road, Stc. 110
X Add			Jacksonville, FL 32256
Remove			<u> </u>
2) Change	CEO	David Chris Rucker	4655 Salisbury Road, Ste. 110
X Add			Jacksonville, FL 32256
Remove 3) Change	s	Robert Greg Young	4655 Salisbury Road, Ste. 110
X Add			Jacksonville, FL 32256
Remove			
4) Change	<u>P</u>	Toni Sexton	13923 ICOT Blvd, Ste. 815
Add			Clearwater, FL 33760
X Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)	
<del></del>	
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	>0 <b>&gt;</b>
	7.7.7 2.7.7.7 2.0.0
	26 100 26
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	## 10: 06
(if not applicable, indicate N/A)	
	<u>.</u>

August 16, 2021	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
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 document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	n and shareholder
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 east for the amendment(s) was/were sufficient for approval	रुप्तर ।
by"  (voting group)	
(voting group)	MID: 06
August 26, 2021 Dated	(# U1
Signature /s/ Jeffrey L. Fisher	<u></u>
(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)	
Jeffrey L. Fisher	
(Typed or printed name of person signing)	
President	
(Title of person signing)	