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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Gomez Medical B	illing.Inc	
DOCUMENT NUM	P05000086560		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Ana Maria Velazquez		
		Name of Contact Persor	1
	Suncoast Medical Network		
		Firm/ Company	
	10621 North Kendall Drive.	Ste 211	
		Address	
	Miami, FL 33176		
		City/ State and Zip Code	2
	oo@ballaaudh aas		
gmct	oa@bellsouth.net	sed for future annual report	notification)
	E-man address: (to be us	seu for future annuar report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Gerald Cohen		at (4010809
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Cassee, FL 32301

Articles of Amendment to Articles of Incorporation of



	0017 IAN -9 AM 8: 47
f Corporation as currently filed	with the Florida Dept. of State)
(Document Number of Corp	oration (if known)
1006, Florida Statutes, this <i>Florid</i>	la Profit Corporation adopts the following amendment(s) to
me of the corporation:	
	The new
ation "Corp," "Inc," or "Co".	company," or "incorporated" or the abbreviation A professional corporation name must contain the
 d/or registered office address in	Florida, enter the name of the
Gerald M. Cohen	
Name of New Registered Agent 10621 North Kendall Drive, Ste 211	
Miami	, Florida 33156
(City)	Zip Code)
nanging Registered Agent: ered agent. I am familiar with an	nd accept the obligations of the position.
	cable: Office BOX) diamin the word "corporation," "Corp." "Inc.," or "Co". tion." or the abbreviation "P.A." if applicable: TREET ADDRESS) cable: OFFICE BOX) d/or registered office address in a registered office address: Gerald M. Cohen 10621 North Kendall Drive, Ste (Florida street address) Miami (City)

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	PT	John Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	PTS	Rene F. Gomez	10621 North Kendall Drive
X Add			Suite 211
Remove			Miami, FL 33176
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Ra chacilic)		
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provisions for implementing the amer	ange, reclassification, or condensed in	ancellation of issued share the amendment itself:	2S.

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed. 1/5/20 Effective date <u>if applicable</u> :	017	FRAILU SECRETARY OF LOST. SECTION OF CORPURATION
	(no more than 90) days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depart	ock does not meet the applicable statutory filing requirements, the artment of State's records.	2017 JAN - 9 AM 8: 4 is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendmicient for approval.	ent(s)
	oved by the shareholders through voting groups. The following sta ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and sharel	nolder
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	:T
1/5/2017 Dated		
Dated		
Signature		
(By a dire selected,	ector, president or other officer – if directors or officers have not be by an incorporator – if in the hands of a receiver, trustee, or other if fiduciary by that fiduciary)	
·	Rene F. Lomez (Typed or printed name of person signing)	
/_	CEO	
	(Title of person cigning)	