P96000013223

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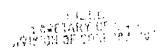
V HERRING MAR 1 3 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Michael R. & Elois	a G. Dimayuga, M.D., P.A.			
DOCUMENT NUME					
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	ter to the following:			
	Wendy A. Mara, Esquire				
	Name of Contact Person				
	Mara Law, P.A.				
	- · · · · · · · · · · · · · · · · · · ·	Firm/ Company			
	555 West Granada Blvd., Ste	- ·			
		Address			
•	Ormond Beach, Florida 3217	4			
		City/ State and Zip Code			
wama	ra@maralawpa.com				
	-	ed for future annual report notification	1)		
For further information Wendy A. Mara, Esqu	n concerning this matter, pleas		81		
Name of Contact Person		at (386) 672-80 Area Code & Dayti	me Telephone Number		
		payable to the Florida Department of S			
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy Certifi (Additional copy is Certifi	Filing Fee cate of Status ed Copy ional Copy losed)		
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Street Address Amendment Section Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 32	rations enter Circle		

Articles of Amendment to Articles of Incorporation of



Michael R. & Eloisa G. Dimayuga, M.D., P.A.

2017 MAR 10 AM 9: 33

	SALL UELL LO MIL 3 0
(Name of Corporation	n as currently filed with the Florida Dept. of State)
P9600001323	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
Eloisa G. Dimayuga, M.D., P.A.	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDI</u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	9
D. If amending the registered agent and/or registere new registered agent and/or the new registered o	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City), Florida (Zip Code)
	(Elly) (Elly)
New Registered Agent's Signature, if changing Regis hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
Signal	ture 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	PT	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith_	
Type of Action (Check One)	Title		Name	Address
1) Change		_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Add				
Remove				·
2) Change		_		
Add				
Remove				
3) Change				,
Add		_		
Remove				
4) Change		_		
Add			,	
Remove				
5) Change				
Add				
Remove				
Kemove				and Michael and an annual and an annual and an annual and an
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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· · · · · · · · · · · · · · · · · · ·	
of an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	idinent it not contained in the amendment resen-
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption: date this document was signed.	, if other than th
Effective date if applicable: (no more than 90 days after amendment file date)	
(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 document's effective date on the Department of State's records.	ite will not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements the separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by" (voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 2/16/17	
Dated 2/16/17 Signature Machine M	
(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 courappointed fiduciary by that fiduciary)	
Eloisa G. Dimayuga, M.D.	
(Typed or printed name of person signing)	
President	
(Title of person signing)	