P96000070500

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT N	I AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



800263379178

08/18/14--01036--013 **35.00

14 AUG 18 PH 2: 1: SECRETARY OF STATE TALLAHASSEE, FIORE

LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: Brandon Co		PA
	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
F	aye Ruemekorf		
_	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	1
F	Brandon Cardiolo		
_	Jidiidoii Garaioid	Firm/ Company	
9	320 Oakfield Dr.	• •	
_	- Cannoid Di.	Address	
E	Brandon, Fl 3351		
•••		City/ State and Zip Cod	e
hran	doncardiology@	hotmail.com	
Ulai:	doncardiology@	sed for future annual report	notification)
	L-man address. (to be us	sed for ratale annual report	nonneactori)
For further information	concerning this matter, pleas	se call:	
Faye Ruemekorf		at (813	, 689-2244
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

Brandon Cardiology Clin	ic, PA		
	currently filed with the Florida Dept. of State)		
P96000070500			
(Documen	t 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 following	g amendment(s) to	0
A. If amending name, enter the new na	me of the corporation:		
		_The new	
name must be distinguishable and come "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations	tain the word "corporation," "company," or "incorporated" or the ab ation "Corp," "Inc," or "Co". A professional corporation name must o tion," or the abbreviation "P.A."	breviation contain the	
B. Enter new principal office address, (Principal office address MUST BE A ST			
C. Enter new mailing address, if applia (Mailing address MAY BE A POST of			
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	d/or registered office address in Florida, enter the name of the registered office address: Adithya K. Gandhi	14 SEC	
Name of New Registered Agent	320 Oakfield Dr. Ste A Brandon, FI 33511	AUG CRET	23
New Registered Office Address: New Registered Agent's Signature, if c	(Florida street address) 320 Oakfield Dr. Ste A,Brandon, Florida (Zip Code)	TARY OF STATE ASSEE, FLORIDA	AND FILED
	tered agent. I am familiar with and accept the obligations of the position.		
Si	gnature 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	DPT	Sabanayagam Thangam	12137 Stone Lake Ranch
Add			Thonotosassa,Fl 33592
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

f amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)

<u> </u>	
	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amei (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

date this document was signed.	s) adoption:	, if other than the
Effective date if applicable:	8/23/14	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	8-13-14	
Cionatura		
Signature(B)	y a director, president or other officer – if directors or officers have not been	
sel	ected, by an incorporator - if in the hands of a receiver, trustee, or other court	
ap	pointed fiduciary by that fiduciary)	
	Adithya K. Gandhi	
	(Typed or printed name of person signing)	
	DS	
	(Title of person signing)	