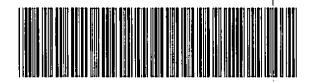
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# **COVER LETTER**

TO: Amendment Section Division of Corporations	2018 FEB
NAME OF CORPORATION: BRANDON Cardiology Clinic, P.A. DOCUMENT NUMBER: P6000070500	LEB TO THE
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filling.	E. again
Please return all correspondence concerning this matter to the following:	50
Name of Contact Person  BRANDON Cardiology Clinic, Parism/ Company  320 Onkfield Dr., STEA  Address  BRANDON, FL 33511  City/ State and Zip Code  brandon Cardiology Chot mail. Com  E-mail address: (to be used for future annual aport notification)	4
For further information concerning this matter, please call:	
Frans KuemeKorf at 813, 689-1912	
Name of Contact Person Area Code & Daytime Telephone Number	_
Enclosed is a check for the following amount made payable to the Florida Department of State:	maye a
S35 Filing Fee Status Status Status Status (Additional copy is enclosed)  S35 Filing Fee Status Status Status (Additional copy is enclosed)  S43.75 Filing Fee Status Status Certificate of Status Certified Copy (Additional Copy is enclosed)	ould pave a 35.

### Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation of



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

BRANDON Cardiology Clinic, P. A

(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:

NA  ame must be distinguishable and contain the word "corporation  Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or	
ord "chartered," "professional association," or the abbreviation	
Enter new principal office address, if applicable:  Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent Adithya	K. Gandhi, mo
320 Oakf	reel address)
New Registered Office Address: Beauto	(City) . Florida 33511 (City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar	
	with that the congulators of the position.
/	

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<sub>A</sub> 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> <u>Joh</u>	n Doe			1
X Remove	<u>V</u> <u>Mil</u>	<u>ce Jones</u>			
X Add	<u>SV</u> <u>Sall</u>	ly Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address	
1) Change	DVP	MAGANUL. B	AKARANIA, MI	320 Oakfield D	 <b>₹</b> .
Add  Remove				STEA Brandon, FL 3	351)
2) X Change	PDYP	Adithya K.	Gandhi mo	320 Cakfield D	<b>R</b> .
Add ·• Remove				BRANDON, FL	    }3 <i>5</i>
3 ) Change	<del></del>	<u> </u>			
Remove					
4) Change Add			<del></del> .		.]
Remove					 
5) Change					. 1
Remove					
6) Change		<del> </del>	<del></del> .		.
Add Remove					

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an amendment provi rovisions for implem	des for an exchanenting the amendr	ge, reclassificati ment if not contr	on, or cancellati nined in the ame	on of issued share: ndment itself:	<u>5,</u>
(if not applicable,	ndicate N/A)				
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The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable:</u>	
(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date v document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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 cast for the amendment(s) was/were sufficient for approval	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	ı
Signature  (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)  Adithya K. Gandh; MD  (Typed or printed name of person signing)	
PDVP (Title of person signing)	
(Title of person signing)	