(Re	questor's Name)	
(Ad	dress)	
<i>(</i>	u	
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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MAR 18 2014 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CODDOD	ATION: Michael W	. Hennigan. M.D	P.A.		
	P9700003297				
	Amendment and fee are su				
Please return all corresp	ondence concerning this ma	tter to the following:			
<u>-</u>	Elizabeth Hope C	Clarkson			
		Name of Contact Person	n		
ľ	vichael W. Henn	igan, M.D., P.A.			
_	· · · · · · · · · · · · · · · · · · ·	Firm/ Company			
•	1847 Florida Ave	• •			
		Address			
F	Panama City, FL	32405			
_		City/ State and Zip Cod	e		
ecla	rkson6657@yah	oo.com			
		sed for future annual report	notification)		
	·	·	,		
For further information	concerning this matter, pleas	se call:			
Elizabeth Hop	e Clarkson	at (850	, 630-2772		
Name of	Contact Person		de & Daytime Telephone Number		
Enclosed is a check for t	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)		
Mailing Address		Street Address			
Amendment Section Division of Corporations		Amendment Section			
	on of Corporations Sox 6327	Division of Corporations Clifton Building			
	assee, FL 32314		2661 Executive Center Circle		
	•	Tallaha	assee, FL 32301		

Articles of Amendment to Articles of Incorporation of



Michael W. Hennigan, M.D., P.A.

14 HAR 17 PH 2: 42

(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P97000032972	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatistical Articles</i> of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stree	(address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Posistand As	ant if abanaina

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> <u>J</u> e	ohn Doe	
X Remove	<u>v</u> <u>n</u>	<u> Aike Jones</u>	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u></u>	Elizabeth Hope Clarkson	1847 Florida Avenue
Add			Panama City, FL
Remove			32405
2) Change	T	Lisa Miller	1847 Florida Avenue
✓ Add			Panama City, FL
Remove			32405
3) Change	<u>s</u>	Courtney F. Petermann	1847 Florida Avenue
Add			Panama City, FL
Remove			32405
4) Change	D	Delia Wilkins	1847 Florida ave
Add			1847 Florida ave Panama City, 71 3240:
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if necessa	пур. (Безресіді	<i>c)</i>		
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an amendmen	t provides for an	exchange, recla	ssification, or ca	ncellation of is	sued shares,
rovisions for i	mplementing the icable, indicate N	amendment if n	ot contained in	<u>the amendmen</u>	t itself:
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	**
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"	
(voting group)	
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.	
Dated March 10, 2014	
Signature Mirlard Hungar	
(By a director, president or other officer – if director 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)	
Michael W. Hennigan	
(Typed or printed name of person signing)	
President Michael Hunnigan	
(Title of person signing)	