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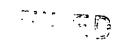
DEC - 7 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Central Florida Pa	thology Associates, P.A.			
DOCUMENT NUMI	BER:				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Sharon Gimma				
	·-·······	Name of Contact Person	1		
	Central Florida Pathology Associates, P.A.				
		Firm/ Company			
	7083 Grand National Drive, Suite 102				
	- <u>-</u>	Address			
	Orlando, FL 32819				
		City/ State and Zip Code			
	sharong@medusind.com				
	E-mail address: (to be us	ed for future annual report	notification)		
	concerning this matter, pleas				
Sharon Gimma		at (407			
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:		
S35 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)		
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E.	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

Articles of Amendment to Articles of Incorporation of



Central Florida Pathology Associates, P.A.

2015 HOT -8 AHII: 38

(Name of Corporation as currently fi	led with the Florida Dept. of State)
P97000057376	
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s)
. 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 "Co word "chartered," "professional association," or the abbreviation "P.A	". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
•	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
). If amending the registered agent and/or registered office address	in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Manage of Mana Bandarana J. Lange	
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:	. Florida
(Ci	ny) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the position.
Signature of New Regi	stered 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 <math>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)	Title	<u>Name</u>		Address	
1) Change	D	Gaitan, Juli	iana	601 E. Rollins St.	
X Add				Orlando, FL 32803	
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					-
6) Change					
Add					
Remove					

(Be specific)			
	-		
 		<u> </u>	
			
			-
			
			
hange, reclassificat	ion, or cancellatio	on of issued shares,	
endment it not cont	ained in the amer	nament itseii:	
			···
			
	hange, reclassificat	hange, reclassification, or cancellation	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

	September 18, 2019	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
_	September 18, 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file da	ne)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the autificient for approval.	mendment(s)
	proved by the shareholders through voting groups. The follow reach voting group entitled to vote separately on the amendm	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ac action was not required.	opted by the board of directors without shareholder action and	i shareholder
☐ The amendment(s) was/were action was not required.	opted by the incorporators without shareholder action and sha	reholder
Dated	16/19	
Signature	aboh Ehm,	
` •	director, president or other officer - if directors or officers have	
	ed, by an incorporator – if in the hands of a receiver, trustee, onted fiduciary by that fiduciary)	r other court
	Deborah E. Thoni	
	(Typed or printed name of person signing)	
	Treasurer/Director	
	(Title of person signing)	