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(850) 524-54372 (850) 524-6243 Please use funds from the account | I20210000160: \$43.75___ 1 sun Yorce Authorization Signature: P97000098580 David Milbauer, M.D., P.A. Business Document # Will wait Walk in __X__ Certified Copy of the filing Certificate of Status NEW FILINGS **AMENDMENTS** Profit X Amendment ___Resignation of R.A. Officer/Director ____ Not for Profit ____Change of Registered Agent ____ Limited Liability Domestication Dissolution/Withdrawal INC Conversion **CORP** Statement of Correction. **OTHER** __Merger **OTHER FILINGS** REGISTRATION/QUALIFICATIONS __ Foreign Filing Annual Report Partnership Fictitious Name Reinstatement CORRECTION for a Foreign LLC Statement of Authority Domestication of a Foreign Corp. APOSTIL **COUNTRY** Other EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

COVER LETTER

TO: Amendment Section Division of Corporations

	PORATION: DAVID MILBAUE	ER, M.D., P.A.	
DOCUMENT NU	JMBER: P97000098580		
ŀ	cles of Amendment and fee are sub	omitted for filing.	
 Please return all c	orrespondence concerning this mat	ter to the following:	
	LAURA E. AHLERS. PARA	LEGAL	
		Name of Contact Person	
	COZEN O'CONNOR		
		Firm/ Company	
	1801 N. MILITARY TRAIL.	SUITE 200	
		Address	
	BOCA RATON, FL 33431		
		City/ State and Zip Code)
	ECOMPLIANCE@COZEN.	COM	
į	E-mail address: (to be us	ed for future annual report	notification)
i			
For further inform	nation concerning this matter, pleas	se call:	
LAURA E. AHL	ERS, PARALEGAL	at (245-6106
N:	ime of Contact Person		de & Daytime Telephone Number
Enclosed is a che	ck for the following amount made	payable to the Florida Depa	artiment of State:
□ \$35 Filing Fo	ee □\$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation σī

[34	MID	AGIL	BALER	54 D	P 3

P97000098380 (Document Number of Corporation (if known)) Parsuant to the provisions of section 607.1906. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. Hamending name, enter the new name of the corporation: DM-RM MD PA This new name must be distinguishable and contains the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc.," or "Co.," a professional corporation name must contain the word "characted" "professional association," or the abbreviation "F.A." 18. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) D. If amending the registered agent and/or registered office address in Florida, enter the name of the "One registered agent and/or the new registered office address: Name of New Registered Agent Signature of New Registered Agent Election Corp.	(Name)	of Corporation as current	ly filed with the Florida De	pt. of State)
Pursuant to the provisions of section 607.1906. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. Hamending name, enter the new name of the corporation: DM-RM MD PA The General Profit designation "Corp." "Inc." or "Co". 3 professional corporated" or the abbreviation "Corp." "Inc." or "Co". 4 professional corporation name must contain the word "corporation" "F.A." II. Enter new principal office address if applicable: (Principal office address MUST BE A STREET ADDRESS) D. If amending the registered agent and/or registered office address in Florida, enter the name of the "One registered agent and/or registered office address: **David MILBAUER** **One Registered Agent** **One Registered Office Address** LAKE WORTH **One Registered Office Address** **LAKE WORTH** **One Registered Signature if changing Registered Agent** **Union for the obligations of the position.** **Description of the appairment as registered agent** **Lake Worth** **One Registered Agent's Signature.** If changing Registered Agent** **Union for the obligations of the position.** **David Mills** **David Mills	P97000098580			
A. Hameoding name, enter the new name of the corporation: DM-RM MD PA The new name must be distinguishable and condain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc." or "Co." 3 professional corporation name must contain the word "chartered" "professional association. "Inc." or the designation name must contain the word "chartered" "professional association. "Inc." or the debreviation "F.A." II. Enter new principal office address, if applicable: (Principal office address MEST BE A STREET ADDRESS) C. Enter new mailing address MAY RE A POST OFFICE BOX; D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address: Name of New Registered Agent 6894 LAKE WORTH ROAD, SUTTE 104 (Plancks server address) LAKE WORTH Florida Sew Registered Agent's Signature, if changing Registered Agent; Thereby accept the appointment as registered agent. Lam familiar with and accept the abdigations of the position. Mathematics with and accept the abdigations of the position.		(Document Number of	of Corporation (if known)	
DM-RM MD PA The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc." or "Co". A professional corporation name must contain the word "characrad" "professional association," or the abbreviation "F.A." 18. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MUST BE A STREET ADDRESS) D. If amending the registered agent and/or registered office address in Florida, enter the name of the "To new registered agent and/or the new registered office address: Mante of New Registered Agent DAVID MILBAUER		1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendment(s) to
name must be distinguishable and contain the word "corporation," "company," or "hecorporated" or the abbreviation "Corp." "Inc.," or "Co." A professional corporated or the abbreviation "Corp." "Inc.," or "Co." A professional corporation name must contain the word "characteria" "professional association." or the abbreviation "F.A." 18. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 19. Hamending the registered agent and/or registered office address in Florida, enter the name of the "I come registered agent and/or the new registered office address: Mailing address MAYRE A POST OFFICE BOX;	A. Hamending name, enter the new n	ame of the corporation:		
name must be distinguishable and contour the word "corporation," "company," or "incorporated" or the abstraction "Corp." "Inc.," or Us., "or Us. designation "Corp." "Inc.," or Us. "or the designation "Corp." "Inc.," or Us. "or the designation mane must contain the word "characterd" "prodessional association or the abstraction" "F.A." 18. Enter new principal office address. if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY REA POST OFFICE BOX) D. 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: **DAVID MILBAUER** **DAVID MILBAUER** **SAME Of New Registered Address** **DAVID MILBAUER** **SAME WORTH ROAD, SUITE 104* **(Vitorials serect address)** **LAKE WORTH** **LAKE WORTH** **City:** **The Codo** **New Registered Agent's Signature, if changing Registered Agent: **Lake Worth and accept the address of the position.** **Worth and accept the address of t	DM-RM MD PA			The stand
C. Enter new mailing address, if applicable: (Mailing address, MAY RE A POST OFFICE BOX) D. 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: Same of New Registered Agent DAVID MILBAUER	"Inc.," or Co.," or the designation "C	lorp," "Inc," or "Co".	4 professional corporation	" or the abbreviation "Corp.,"
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D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address: Same of New Registered Agent				
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Name of New Registered Agent 6894 LAKE WORTH ROAD, SUTTE 104 (Florida street address) LAKE WORTH (City) Sew Registered Agent's Signature, if changing Registered Agent: [University accept the appointment as registered agent.] Lam familiar with and accept the abligations of the position. Will Will all and accept the abligations of the position.				ume of the
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New Registered Office Address: City: Tip Code New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent Lam familiar with and accept the addigations of the position.	Clerks, 19 2. C. 1987, A. S.	6894 LAKE WORTH RO.	AD, SUITE 104	-
Sew Removered Onice Address: (Clay)		(Hitorada sar	eet address)	
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Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. West Williams and accept the obligations of the position.	The second of th		(Chy)	·Zip Codes
t hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Well Will accept the obligations of the position.				
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Signature of New Registered Ayent, if changing	/	De Mo		w cy the position.
		Signature of New R	egistered Agent, if changing	

Check if applicable \square The amendment(s) is are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

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			
Åda			
Remove			
2) Change	<u></u>		
Ådd			
Remove 3) Change			
Add			(S) (C) (S) (S) (S) (S) (S) (S) (S) (S) (S) (S
Remove			E 20 E
4)Change			TE 000
Add			
l Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
k Remove			

(Attacij adamonai s	dding additional Articles, enter change(s) sheets, if necessary). (Be specific)		
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	provides for an exchange, reclassification.	, or cancellation of issued shar	res.
F. If an amendment j	plementing the amendment if not contain	ed in the amendment itself:	
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provisions for im	able, indicate N/A)		
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	18 and the officer of the original of the orig
	of each amendment(s) adoption:, if other than the ocument was signed.
aate uns d	Octinent was signed.
Effective	date <u>if applicable</u> : (no more than 90 days after amendment file date)
	(no more than 90 days after amenament fite date)
Note: If document	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
Adoption	of Amendment(s) (CHECK ONE)
	nendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder was not required.
The an	nendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) shareholders was/were sufficient for approval.
☐ The an	nendment(s) was/were approved by the shareholders through voting groups. The following statement be separately provided for each voting group entitled to vote separately on the amendment(s):
į	The number of votes cast for the amendment(s) was/were sufficient for approval
i t	by
	(voting group)
ļ	Dated September 24, 2024
ļ	Signature // 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)
į	
	DAVID MILBAUER, M.D.
į	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)