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JAN 29 2014

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TREASU	JRE COAST CANCER CARE CENTER, INC
DOCUMENT NUMBER: P990000	
The enclosed Articles of Amendment and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
SIVA P BELI	_AM
	Name of Contact Person
TREASURE	COAST CANCER CARE CENTER
	Firm/ Company
1700 SE HIL	LMOOR DR, STE 306
6 17 2	Address
PORT ST.LU	JĆIE, FL 34952
	City/ State and Zip Code
sivaprasadb@ya	ahoo com
	(to be used for future annual report notification)
D-man address.	to be used for future annual report formeations
For further information concerning this matter	er, please call:
SIVA BELLAM	at (772) 398 6016
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amoun	t made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Partition Certificate of State Partition Certificate Of Stat	Fee & \$\sumsymbol{\subset}\$\$\$ \$43.75\$ Filing Fee & \$\sumsymbol{\subset}\$\$\$ \$\$ Certified Copy & Certificate of Status & Certified Copy & Certified Copy & Certified Copy & (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	Clifton Building
1 Landinassec, 1 L 32314	2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

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STORE TABLE
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TREASURE COAST CANCER CARE CENTER INC.

(Name of Corporation as currently filed with the F	Florida Dept. of State)
P9900007349	
(Document Number of Corporation (i	if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable, and contain the word "corporatio" Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
D. Catanana and declaration of the 18 of the 1	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	-
· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	· · · - · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent SIVA P BELLAN	<u>и </u>
1700 SE HILLM	OOR DR, STE 306
(Florida str	reet address)
New Registered Office Address: PORT ST LUCI	E34952
(City)	
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent. I am familiar	
Siva P T	2002
Signature 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:	DT	Taka Da		•
X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
<u>X</u> Add	<u>sv</u>	Sally Sr	mith	
Type of Action (Check One)	Title	٠,	<u>Name</u>	<u>Addres</u> s
1) Change	S		JANAKIRAM RAVIPATI	1700 SE HILLMOOR DR
✓ Add				PORT ST. LUCIE
Remove		•		FL 34952
2) Change		- -	N/A	
Add		.•		
Remove				
3) Change	·		N/A .	
Add				
Remove				
4) Change	<u>-</u>		N/A	
Add				
Remove	•	•		
5) Change		_	N/A	
Add				
Remove		•		
6) Change			N/A	
Add				
Remove				

. <u>If amend</u>	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)	
(Allach <i>at</i> I/A	idational sneets, if necessary). (Be specific)	
/A		· · · · · · · · · · · · · · · · · · ·
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neovicie	nendment provides for an exchange, reclassification, or cancellation of ions for implementing the amendment if not contained in the amendment in applicable, indicate N/A)	issued shares, nt itself:
		
	:	

The date of each amendment(s) adoption: 01-01-2013	, 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)	
(CINDON OTTE)	
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_01-01-2013	
Signature Siva P TSellan	
(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)	
SIVA PRASAD BELLAM	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	_