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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Cary L. Dunn, M.D., P.A. DOCUMENT NUMBER: P99000046146 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Laura Shepherd Name of Contact Person Naples Center for Dermatology and Cosmetic Surgery Firm/ Company P O Box 111389 Address Naples, FL 34108 City/ State and Zip Code Ishepherd@riverchasederm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239) 313-2521

Area Code & Daytime Telephone Number Laura Shepherd Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

FILED 14 JUN 27 PH 3: 29

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Cary L. Dunn, M.D., P.A.

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

P99000046146

(Document Number of Corporation (if known)

name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design	tain the word "corporal	.) 11 11 11		The nev
word "chartered," "professional associa	nation "Corp," "Inc," or tion," or the abbreviation	"Co". A professio	or "incorporated" or the nal corporation name mus	abbreviatio
B. <u>Enter new principal office address,</u> (Principal office address <u>MUST BE A S</u>		N/A		_
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>		N/A		_
D. If amending the registered agent an			ter the name of the	_
new registered agent and/or the new		ess:	ter the name of the	_
	w registered office addre Andrew T Jaffe	e, M.D.	ter the name of the	_
new registered agent and/or the new	Andrew T Jaffe 1015 Crosspo	e, M.D.		
new registered agent and/or the new	Andrew T Jaffe 1015 Crosspo	e, M.D. inte Drive	ter the name of the	_

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Dunn, Cary L, Dr.	2750 Bahia Vista St.
Add Add			Suite 250
Remove			Sarasota, FL 34239
2) Change	Р	Andrew T Jaffe, MD	1015 Crosspointe Dr
Add			Naples, FL 34110
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u> </u>		
Add			·
Remove			

N/A	ach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
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<u>If a</u>	nn amendment provides for an exch	ange, reclassification, or cancella	tion of issued shares,
If a	ovisions for implementing the ame	ange, reclassification, or cancellandment if not contained in the an	tion of issued shares, nendment itself:
pr	an amendment provides for an exch covisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellandment if not contained in the an	tion of issued shares, nendment itself:
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The date of each amendment(s) adoption: 03/13/2014	, if other than th
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 by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through vo must be separately provided for each voting group entitled to vote sep	
"The number of votes cast for the amendment(s) was/were suffic	• •
by(voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors withou action was not required.	t shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sha action was not required.	reholder action and shareholder
Dated 06/17/2014	٦
Signature	
(By a director, president or other officer ∳ if	
selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	of a receiver, trustee, or other court
,,	
Andrew T. Jaffe, M.D.	
(Typed or printed or	name of person signing)
President	
(Title of po	erson signing)