

P99000087815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

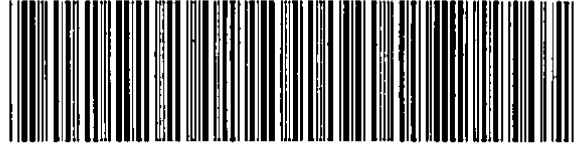
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FILED  
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19 AUG 29 PM 2:42  
DIVISION OF CORPORATIONS

08/13/19--01002--029 +\$52.50

RECEIVED

AUG 12 2019

Amal.  
9/3/19  
DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 15, 2019

CARL W. PATTEN, JR.  
AEGIS MEDICAL GROUP, LLC  
18550 U.S. HWY 441 - STE. A  
MOUNT DORA, FL 32757

SUBJECT: FINDLEY FAMILY PRACTICE, P.A.  
Ref. Number: P99000087815

We have received your document for FINDLEY FAMILY PRACTICE, P.A. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

No document enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 419A00016899

2019 AUG 29 AM 11:02

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Findley Family Practice, P.A.

DOCUMENT NUMBER: P99000087815

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carl W. Patten, Jr.  
Name of Contact Person  
Aegis Medical Group, LLC  
Firm/ Company  
18550 U.S. HWY 441, Suite A  
Address  
Mount Dora, FL 32757  
City/ State and Zip Code

cpatten@aegismedicalgroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carl Patten at ( 352 ) 720-0940  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|---|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 AUG 29 PM 2:42

Findley Family Practice, P.A.

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

P99000087815

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

18550 U.S. HWY 441, Suite A

Mount Dora, FL 32757

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

SAME AS PRINCIPLE OFFICE ADDRESS

**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:**

Name of New Registered Agent

Carl W. Patten, Jr.

18550 U.S. HWY 441, Suite A

(Florida street address)

New Registered Office Address:

Mount Dora

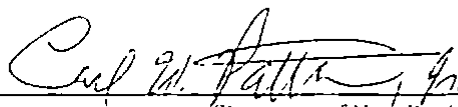
(City)

Florida 32757

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*



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:

☒ Change                      PT              John Doe

☒ Remove                      V              Mike Jones

☒ Add                      SV              Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>PSTD</u>	<u>Sharon L. White-Findley</u>	<u>4645 Claire Rose Court</u>
<input type="checkbox"/> Add			<u>Mount Dora, FL 32757</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VPD</u>	<u>Andrew K. Findley</u>	<u>4645 Claire Rose Court</u>
<input type="checkbox"/> Add			<u>Mount Dora, FL 32757</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>PD</u>	<u>Rachel Corbitt</u>	<u>18550 U.S. HWY 441</u>
<input checked="" type="checkbox"/> Add			<u>Suite A</u>
<input type="checkbox"/> Remove			<u>Mount Dora, FL 32757</u>
4) <input type="checkbox"/> Change	<u>VTD</u>	<u>ToniAnn Cannatella</u>	<u>18550 U.S. HWY 441</u>
<input checked="" type="checkbox"/> Add			<u>Suite A</u>
<input type="checkbox"/> Remove			<u>Mount Dora, FL 32757</u>
5) <input type="checkbox"/> Change	<u>VSD</u>	<u>Carl W. Patten, Jr</u>	<u>18550 U.S. HWY 441</u>
<input checked="" type="checkbox"/> Add			<u>Suite A</u>
<input type="checkbox"/> Remove			<u>Mount Dora, FL 32757</u>
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**F. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

[illegible]

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

100% of stock was purchased by Aegis Medical Group, L.L.C

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August, 1, 2019

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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 8/1/19

Signature ToniAnn Cannatella  
(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)

ToniAnn Cannatella  
(Typed or printed name of person signing)

VP & TREASURER  
(Title of person signing)