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R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: CHARLES	E. BAILEY, M.D	., P.A.		
DOCUMENT NUME	DOCUMENT NUMBER: S11952				
	of Amendment and see are sul	omitted for filing.			
Please return all corres	spondence concerning this mat	ter to the following:			
	Craig McNair				
		Name of Contact Person	1		
	McNair & Associa	ates, P.A.			
		Firm/ Company			
	1250 S. US HWY	17-92, #250			
		Address			
	Longwood, Florid	a 32750			
		City/ State and Zip Code			
adr	min@mcnairassoc	c.com			
		ed for future annual report	notification)		
For further information	n concerning this matter, pleas	e call:			
Craig McNair	ſ	at (407	830-5717		
	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made p	pavable to the Florida Depa	urtment of State:		
■ \$35 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)		
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Section Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to

Articles of Incorporation of

14 NOV -4 PH 4: 34

CHARLES E. BAILEY, M.D., P.A.	Appear # 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
(Name of Corporation as currently filed with the I	Florida Dept of State)
S11952	· · · · · · · · · · · · · · · · · · ·
(Document Number of Corporation (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 "corporation "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
B. Enter new principal office address, if applicable:	1250 S. US HWY 17-92, #250
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Longwood, Florida 32750
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1250 S. US HWY 17-92, #250
(112411119 444111111111111111111111111111	Longwood, Florida 32750
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
NI/A	<u>N.</u>
Name of New Registered Agent IN/A	
(Florida st	treet address)
New Registered Office Address:	, Florida
(City,	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen	t:
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.

Page 1 of 4

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.

X Change	PT Joh	ın Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PST	BAILEY, CHARLES EDR	213 RIDGE ROAD
Add			LAKE MARY, FL 32746
Remove			
2) Change	PT	Craig McNair	1250 S. US HWY 17-92
Add			SUITE #250
Remove			Longwood, Florida 32750
3) Change			
Add			
Remove			
4) Change			<u></u>
Add			
Remove			
5) Change			
Add	*		
Remove			
Kemove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
N/A			
 -			
<u>-</u>			
F. <u>If aı</u>	f an amendment provides for an exchange, reclassification, or cancellation of issued share	<u>es.</u>	
pro	provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
N/A			
<u> </u>	1		
			

The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:	November 1, 2014	
Effective date in applicable.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wei by the shareholders was/wei	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated Nov	ember 3, 2014	
Signature		
se	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	Craig McNair	
	(Typed or printed name of person signing)	
	Trustee/Personal Representative	

(Title of person signing)