V22942

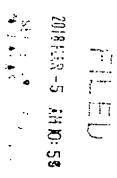
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Pedro J. Morales.	, M.D. & Tim P. Carlson, M.	D., P.A.
DOCUMENT NUMBER: V22962		
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Rebecca Weston		
	Name of Contact Person	1
	Firm/ Company	
2191 9th Ave N Suite 220		
	Address	
St. Petersburg, FL 33713		
	City/ State and Zip Cod	e
becca83weston@gmail.com		
E-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, ple		227.04/7
Rebecca Weston	at (<u>727</u>	_) 327-9667
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee	□\$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	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, F1, 32301

Articles of Amendment to Articles of Incorporation of

Pedro J. Morales, M.D. & Tim P. Carlson, M.D., P.A.

(Name of Corporation as current	ly filed with the Florida Dept. of State)
V22962	
(Document Number of	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:	
Pedro J. Morales, M.D., P.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	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	, 18
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	- Item -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3
	· ~
D. If amending the registered agent and/or registered office add	lress in Florida, enter the name of the
new registered agent and/or the new registered office addres	
Name of Vina Banistan of Agent	
Name of New Registered Agent	
(C)	reet address)
trioriaa si	reet tidaress)
New Registered Office Address:	, Fiorida
	(City) (Zip Code)
Now Desirtand Assets Circutary if shoughing Degistered Agen	4.
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	vith 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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	<u>V</u>	_	Tim P. Carlson	
Add X Remove				
2) Change				
Add				
3) Change		_		
Remove				
4) Change		_		
Remove				
5) Change				
Remove				
6) Change		_		
Add				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
	-		
-			
	 .		
		· · · · · · · · · · · · · · · · · · ·	
			-
			
If an amendment provid <u>es for</u> an exch	ange, reclassification, or	cancellation of issued sh	ares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in	the amendment itself:	
(g ma appreciation, material (m))			
			
·			
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<u> </u>			

	09/01/2017	
The date of each amendment(s) ad date this document was signed.	option:	if other than t
Ž		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	tno more than 90 days after amenament fite date)	
Note: If the date inserted in this bidocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendme ficient for approval.	nt(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	oted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	2/26/18	
Signature	Vimles	
(By a di	rector, president or other officer - if directors or officers have not be	
	by an incorporator – if in the hands of a receiver, trustee, or other c	ourt
appoint	ed fiduciary by that fiduciary)	
	Pedro J. Morales, m.D.	
	Pedro J. Morales, m.D. (Typed or printed name of person signing)	
	President	
	(Title of person signing)	