

DATE

N060000002504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

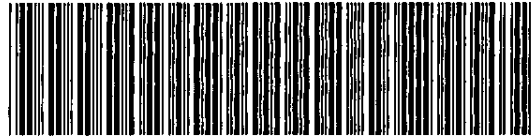
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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000214142630

Amend

000214142630
11/10/11--01024--021 ***43.75

2011 NOV 10 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Pop
11/15/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: American Association of Surgical Physician Assistants

DOCUMENT NUMBER: N06000002504

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

Please return all correspondence concerning this matter to the following:

Linda Kotrba

(Name of Contact Person)

American Association of Surgical Physician Assistants

(Firm/ Company)

P. O. Box 569

(Address)

Williston, FL 32696

(City/ State and Zip Code)

executivedirector@aaspa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Kotrba

(Name of Contact Person)

at (772) 528-1135

(Area Code & Daytime Telephone Number)

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

2011 NOV 10 PM 1:52

American Association of Surgical Physician Assistants Inc
(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N06000002504

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For 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" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

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

365 Joy Haven Drive

Sebastian, FL 32978

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

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: _____

New Registered Office Address: _____

(Florida street address)

_____, Florida
(City)

_____, Florida
(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, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.
(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) <u>PR</u>	<u>Robert Sammartano</u>	<u>44 Dogwood Lane</u> <u>Pleasantville, NY 10570</u>
2) <u>PE</u>	<u>Amy Biedenbach</u>	<u>426 Pine Valley Drive</u> <u>Bowling Green, OH 43402</u>
3) <u>Sec</u>	<u>Erika Gordon</u>	<u>75 West End Ave., Apt. P2G</u> <u>New York, NY 10023</u>
4) <u>TR</u>	<u>Randy Thress</u>	<u>6150 Pointe West Blvd.</u> <u>Bradenton, FL 34209</u>
5) <u>DAL</u>	<u>Gerald Simons</u>	<u>38A Wooded Oak Lane</u> <u>East Hampton, NY 11937</u>
6) <u>DAL</u>	<u>Jon VanHorn</u>	<u>501 N Graham #501</u> <u>Portland, OR 97220</u>

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) <u>PP</u>	<u>David DeWalsh</u>	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

The date of each amendment(s) adoption: 11-7-11
(date of adoption- required)

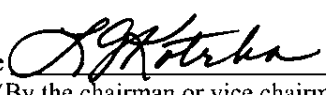
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated November 7, 2011

Signature: 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Linda G. Kotrba
(Typed or printed name of person signing)

Executive Director
(Title of person signing)