103000033804

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MAY 2 1 2013 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PA SURGI	CAL, Inc.	
DOCUMENT NUME	_{BER:} P0300003380	4	
	of Amendment and fee are su		
Please return all corres	pondence concerning this ma	tter to the following:	
	Rick Yarosh		
		Name of Contact Person	1
	PA Surgical, Inc.		
	<u> </u>	Firm/ Company	
	1001 N. Federal	Highway, Suite 3	354
		Address	
	Hallandale Beach	n, FL 33009	
		City/ State and Zip Cod	e .
offic	ce@extendersgro	un com	
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Rick Yarosh		at (<u></u> 954	、802-6864
	of Contact Person	at (de & Daytime Telephone Number
			•
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Ame Divi P.O.	ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Executive Taxable 1

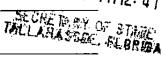
Articles of Amendment to Articles of Incorporation of

FILED 13 MAY 17 PM 12: 41

PA SURGICAL, INC.

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

P03000033804



ment(s) to

(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006. Florida its Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendm
A. If amending name, enter the new name of the cor	oration:
N/A	The ne
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the d	"corporation." "company," or "incorporated" or the abbreviatio "Inc," or "Co". A professional corporation name must contain th
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADD	ESS)
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	N/A
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent N/A	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
	•
New Registered Agent's Signature, if changing Regi	tared Agent
	am familiar with and accept the obligations of the position.
Signature of Nev	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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	Manuel Porth, MD	7225 N. University Dr.
X Add			Suite 201
Remove			Tamarac, FL 33321
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti	icles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
N/A	
*	· · · · ·
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
•	

1

• , • •	01/01/2013
The date of each amendment(s) adoption: 01/01/2013	
Effective date <u>if applicable</u> :	04/01/2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/wer by the shareholders was/we	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 of 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)
	(voling 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} 04/ 3	30/2013
Signature	Rich Grand
(B	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 tiduciary)
	Rick Yarosh
	(Typed or printed name of person signing)
	President
	(Title of person signing)