P03000143168

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/2

TRANSMITTAL LETTER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Amendment Section
Division of Corporations

SUBJECT: MID-FLORIDA HOSPITALISTS, P. A. CORPORATE NAME CHANGE

DOCUMENT NUMBER: P03000143168

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

Please return all correspondence concerning this matter to the following:

AZHAR CHAUDHRY
(Name of Person)

GREATER ORLANDO HOSPITALISTS, P. A (fka MID-FLORIDA HOSPITALISTS, P.A
(Name of Firm/ Company)

~~180 SHERIDAN AVENUE~~ 478 E. ALTAMONTE DR. SUITE 10 # 410
(Address)

~~LONGWOOD, FL 32750~~ ALTAMONTE SPRINGS, FL 32718-4622
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

AZHAR CHAUDHRY at (407) 595-3330 - 407 260 5455
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $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 (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
409 E. Gaines Street
Tallahassee, FL 32399

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment to
Articles of Incorporation of

MID-FLORIDA HOSPITALISTS, P. A.
(Name of corporation as currently filed with the Florida Dept. of State)

P03000143168
(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:

NEW CORPORATE NAME (if changing):

GREATER ORLANDO HOSPITALISTS, P. A.
(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

AMENDMENTS ADOPTED- Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

ARTICLE II AMENDED TO CHANGE CORPORATE NAME FROM MID-FLORIDA HOSPITALISTS, P. A. TO GREATER ORLANDO HOSPITALISTS, P. A.

(Attach additional pages if necessary)

If an amendment provides for 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)

N/A

(continued)

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TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: DECEMBER 5, 2003

Effective date, if applicable: DECEMBER 5, 2003
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☑ The amendment(s) was/were approved 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.

Signed this 5th day of DECEMBER, 2003.

Signature _____ President 12/10/3
(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)

AZHAR CHAUDHRY
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: $35