P05000038963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

000050049730

04/11/05--01019--004 **35.00

FILED
05 APR 11 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N.C.

C. Coulliette APR 18 2005

Ruden McClosky

111 N. ORANGE AVENUE
SUITE 1750
ORLANDO, FLORIDA 32801

(407) 244-8002
FAX: (407) 244-8102
MICHAEL.LOWE@RUDEN.COM

April 7, 2005

Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

Re: Hillcrest Medical Center, P.A. - Corporate Name Change and Fictitious Name Application
Reference Number: PO5000038963

Dear Sir or Madam:

Enclosed please find the following submitted on behalf of Hillcrest Medical Center, P.A. for the purposes of renaming this corporation and registering a fictitious name owned by this same corporation: (1) a completed Articles of Amendment Form; (2) a completed Application for Registration of Fictitious Name; and (3) a check in the amount of $85.00, which covers the $35.00 Amendment filing fee and the $50.00 Fictitious Name processing fee.

Should you have any questions regarding this matter, please do not hesitate to contact me. Thank you for your consideration and assistance.

Very truly yours,

RUDEN MCCLOSKY

Michael R. Lowe

MRL/sdr

Enclosures
cc: Kwabena Ayesu, M.D. (w/enclosures)

ORL:21095:1

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HILLCREST MEDICAL CENTER, P.A.

DOCUMENT NUMBER: P05000038963

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

Please return all correspondence concerning this matter to the following:

Michael R. Lowe, Esquire
(Name of Contact Person)

Ruden McClosky
(Firm/ Company)

111 N. Orange Avenue, Suite 1750
(Address)

Orlando, FL 32801
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Michael R. Lowe, Esquire at (407) 244-8000
(Name of Contact 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 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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

HILLCREST MEDICAL CENTER, P.A.

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

P05000038963

(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):

KWABENA AYESU, M.D., P.A.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

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

N/A

FILED
05 APR 11 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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)

The date of each amendment(s) adoption: N/A

Effective date if applicable: April 7, 2005
(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 7th day of April, 2005.

Signature _____
(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)

Kwabena Ayesu, M.D.
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: $35