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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: EXODUS N	MEDICAL GROUP, P.A.	·
DOCUMENT NU	MBER: <u>P0800001557</u>	7	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning this	s matter to the following:	
·		y S. Herrin, Esq. of Contact Person)	-,
		re Leatherwood LLP	
	(Fir	m/Company)	
		htree Street NE Suite 2300 (Address)	
		n, Georgia 30309	
For further inform	ation concerning this matter,	tate and Zip Code) please call:	
Barry S. Herrin		at ( 404 ) 962-10	
(Narr	e of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a chec	k for the following amount m	nade payable to the Florida De	partment of State:
□\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 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 C	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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EXODUS ME			TALLAHASSEE. FLORID
(Name of Corporation as curre	ently filed wit	h the Florida De	pt. of State)
P08	3000001557		
(Document Num	nber of Corpor	ation (if known)	
Pursuant to the provisions of section 607.1006 following amendment(s) to its Articles of Incorp		tutes, this Florid	a Profit Corporation adopts the
A. If amending name, enter the new name of	f the corporat	<u>ion:</u>	
Woodlands Medical Specialists, P.A.			
The new name must be distinguishable as "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	"Inc.," or C	o.," or the design	mation "Corp," "Inc," or
B. Enter new principal office address, if app	olicable:		
(Principal office address <u>MUST BE A STREE</u>		)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
D. If amending the registered agent and/or r new registered agent and/or the new regis			orida, enter the name of the
Name of New Registered Agent:			
New Registered Office Address:	(Fl	orida street addre	rss)
			, Florida
		(City)	(Zip Code)
Now Dogistared Agent's Signature if shough	na Dogistorod	Agonte	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.			and accept the obligations of the
S	Signature of No	w Registered Ago	ent, 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)

<u>Title</u> <u>Name</u>	Address	Type of Action
		🗖 Add
	<del></del>	Remove
	- 12	
		🗖 Add
		Remove
E. If amending or adding addition	al Articles enter change(s) here:	
(attach additional sheets, if necess		
		· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·	
	an exchange, reclassification, or cancella e amendment if not contained in the am	
(if not applicable, indicate N		enument usen:
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1444		
	•	•

The date of each amendment(s) adoption: October 9, 2008
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 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)
(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.
Dated
Signature A D
(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)
Thomas B. Tan, M.D.
(Typed or printed name of person signing)
President
(Title of person signing)