

P150000 56565

(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



500310699385

08/21/18 -01007--020 **35.00

S TALLF...
JUL 26 2018

STATE BAR OF CALIFORNIA
JUL 25 2018

18 JUL 25 PM 4:31

FILED

*Amend
etc*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2018

HARSHDEEP WILKHU, MD
LAKE MARY ANESTHESIA, PA
2216 MALLARD CIRCLE
WINTER PARK, FL 32789

SUBJECT: W. WEBB, JR., MD, PA
Ref. Number: P15000056565

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE PAGE 4 OF 4 IN ORDER TO FILE THE DOCUMENT AND RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 418A00005919

RECEIVED
18 JUL 26 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: W. Webb, Jr., MD, PA

DOCUMENT NUMBER: P15000056565

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

Please return all correspondence concerning this matter to the following:

Harshdeep Wilkhu, MD

Name of Contact Person

Lake Mary Anesthesia, PA

Firm/ Company

2216 Mallard Circle

Address

Winter Park, FL 32789

City/ State and Zip Code

hwilkhu@gmail.com ✓

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

For further information concerning this matter, please call:

Harshdeep Wilkhu at (352) 258-4535
Name of Contact Person Area Code & Daytime Telephone Number

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

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

W. Webb, Jr., MD, PA

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

P15000056565

(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:

A. If amending name, enter the new name of the corporation:

Lake Mary Anesthesia, PA

✓ The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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

2216 Mallard Circle

Winter Park, FL 32789

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

2216 Mallard Circle

Winter Park, FL 32789

FILED
18 JUL 26 PM 4:34
STATE OF FLORIDA
TALLAHASSEE

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 Mark S. Thomas, Esq.

5200 SW 91st Terrace, Suite 101-B

(Florida street address)

New Registered Office Address: Gainesville

Florida 32608

(City)

(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, 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:

Change PT John Doe
 Remove V Mike Jones
 Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	P	Harshdeep Wilkhu, MD	2216 Mallard Circle
<input type="checkbox"/> Add			Winter Park, FL 32789
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	S	William Webb, Jr., MD	851 Trafalgar Court, Suite 200E
<input type="checkbox"/> Add			Maitland, FL 32751
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

The date of each amendment(s) adoption: 5/20/18, if other than the date this document was signed.

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

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 5/20/18

Signature [Handwritten 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)

HANSHINDER WILKIN
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)