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ELCRETARY OF STATE

JUN 27 AM 10:

Amend

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	· -		. <u>-</u>
SUBJECT: Addition to Officers		· · · · · · · · · · · · · · · · · · ·	_
DOCUMENT NUMBER: P95000060927			· , 아 설로 급하는 편
The enclosed Articles of Amendment and fee are s	submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
Bruce H. Kraut, MD		and the second	المجار والمحادث والمعري
(Name	of Person)	•	
Pediatric Associates Of Ocala, P.A. (Name of F	irm/ Company)		
2725 SE Maricamp Road		· · · · · · · · · · · · · · · · · · ·	
(Ad	idress)		A LET COMMENT
Ocala, FL 34471 (City/ State)	and Zip Code)		en de la companya de La companya de la co
For further information concerning this matter, ple	ease call:		
Bruce H. Kraut, MD	at (352) 369-8700	7.1.1.3	
(Name of Person)	(Area Code & Daytime	relephone Number)	
Enclosed is a check for the following amount:			
□ \$35 Filing Fee Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fe Certificate of St Certified Copy (Additional Cop is enclosed)	atus
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		

ndment POTALLAHASSEE, FLORIDA

Articles of Amendment to Articles of Incorporation of

	(Name of corporation a	s currently filed with the Florida Dept. of State)
F	P95000060927	
_	(Documen	t number of corporation (if known)
	provisions of section 607. owing amendment(s) to its	1006, Florida Statutes, this <i>Florida Profit Corporation</i> Articles of Incorporation:
NEW CORPO	PRATE NAME (if changi	ing):
(must contain th	e word "corporation," "compan	y," or "incorporated" or the abbreviation "Corp.," "Înc.," or "Co.")
AMENDMEN	TS ADOPTED- (OTHE)	R THAN NAME CHANGE) Indicate Article Number(s
and/or Article	Γitle(s) being amended, ad	lded or deleted: (BE SPECIFIC)
Addition of the fo	ollowing individual as an offic	er to the above named corporation:
Officer Name:	Michael C. Baker, MD	
Officer Title:	Secretary	* * * * * * * * * * * * * * * * * * *
Officer Address	2725 SE Maricamp Road, C	Ocela El 34471
Officer Address.	2720 OL Marioamp Road, C	John, I L 3447 1
		<u> </u>

(continued)

for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption: June 01, 2005
Effective date if applicable: June 01, 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 1st day of June 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)
Bruce H. Kraut, MD (Typed or printed name of person signing)
President / Director (Title of person signing)

FILING FEE: \$35