

P940000

72029

(Address)

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

Please call June @ 222-6891
When ready. Need today if
possible. Thanks! J.V.

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): **P94000072029**

1. **SOUTH PINELAS AFFILIATED PHYSICIANS, INC.**

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☒ Walk in

☒ Pick up time

please call

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED
00 AUG - 7 PM 4: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|-------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A. Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

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*****43.75 *****43.75

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
00 AUG - 7 PM 3: 28

RECEIVED Examiner's Initials

8/7/00

**ARTICLES OF AMENDMENT TO
ARTICLES OF INCORPORATION OF
SOUTH PINELLAS AFFILIATED PHYSICIANS, INC.**

The Articles of Incorporation of **SOUTH PINELLAS AFFILIATED PHYSICIANS, INC.**, are hereby amended by these Articles of Amendment to Articles of Incorporation as follows:

1. The name of the corporation is **SOUTH PINELLAS AFFILIATED PHYSICIANS, INC.**
2. The Articles of Incorporation are hereby amended as follows:

(a) Article V is deleted in its entirety and replaced by the following:

ARTICLE V
CAPITAL STOCK

This corporation shall be authorized to issue four classes of stock: Class A Common, Class B Common, Class C Common, and Class D Common. Said classes of stock shall be identical in all respects except that the holders of each class of stock shall elect one or more members of the Board of Directors in accordance with the bylaws. The par value and authorized issue of such classes of stock are as follows:

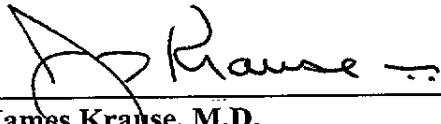
| | <u>PAR VALUE</u> | <u>AUTHORIZED ISSUE</u> |
|-----------------------|-------------------------|-------------------------|
| <i>Class A Common</i> | <i>\$1.00 per share</i> | <i>2,500 shares</i> |
| <i>Class B Common</i> | <i>\$1.00 per share</i> | <i>2,500 shares</i> |
| <i>Class C Common</i> | <i>\$1.00 per share</i> | <i>2,500 shares</i> |
| <i>Class D Common</i> | <i>\$1.00 per share</i> | <i>2,500 shares</i> |

(b) Article VI is hereby amended by changing the name of the Registered Agent from Cynthia A. Patella, 10901 Roosevelt Road, Suite. 300-B, St. Petersburg, Florida 33716-2305, to the following:

*Fred F. Harris, Jr.
101 East College Avenue
Tallahassee, Florida 32301*

3. In all other respects, the Articles of Incorporation are ratified and will remain unchanged.
4. This amendment was duly adopted and approved by the Board of Directors and Shareholders holding all of the issued and outstanding shares of **SOUTH PINELLAS AFFILIATED PHYSICIANS, INC.**, on the 27th day of January, 2000, by a unanimous vote.

IN WITNESS WHEREOF, the undersigned President of **SOUTH PINELLAS
AFFILIATED PHYSICIANS, INC.**, has hereunto set his hand and seal this **27th** day of
January, 2000.



James Krause, M.D.
President

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED**

The undersigned Corporation organized under the laws of the State of Florida submits the following statement in designating the registered office/registered agent in the State of Florida.

1. The name of the Corporation is **SOUTH PINELLAS AFFILIATED PHYSICIANS, INC.**
2. The name and address of the registered agent in office is:


Fred F. Harris, Jr.
101 East College Avenue
Tallahassee, Florida 32301

Having been named as registered agent and to accept service of process for the above stated Corporation at the place designated in this certificate I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statute relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent


Fred F. Harris, Jr.

SOUTH PINELLAS AFFILIATED PHYSICIANS, INC.


James Krause, M.D.
President

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AUG - 7 PM 4: 27
TALLAHASSEE, FLORIDA