

**P04000153630**

Florida Department of State  
Division of Corporations  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
PEDIATRIC AND INTERNAL MEDICINE SPECIALISTS, PA**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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DEC 23 2014  
C. CARROTHERS

DEC. 28. 2015 9:41AM

GASSMAN LAW ASSOCIATES P.A.

NO. 6381 P. 2

Articles of Amendment  
to  
Articles of Incorporation  
of

PEDIATRIC AND INTERNAL MEDICINE SPECIALISTS, PA

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

P04000153630

(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:

PEDIATRIC AND INTERNAL MEDICINE SPECIALISTS, INC.

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

(Florida street address)

New Registered Office Address:

(City) Florida

(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:**

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

| Type of Action<br>(Check One) | Title       | Name                            | Address                  |
|-------------------------------|-------------|---------------------------------|--------------------------|
| 1) <u>    </u> Change         | <u>MR</u>   | <u>DACELIN ST. MARTIN, MD</u>   | <u>P.O. BOX 2066</u>     |
| <u>    </u> Add               |             |                                 | <u>LECANTO, FL 34460</u> |
| <u>X</u> Remove               |             |                                 |                          |
| 2) <u>    </u> Change         | <u>MGRM</u> | <u>DACELIN ST. MARTIN</u>       | <u>P.O. BOX 2066</u>     |
| <u>    </u> Add               |             |                                 | <u>LECANTO, FL 34460</u> |
| <u>X</u> Remove               |             |                                 |                          |
| 3) <u>    </u> Change         | <u>P, D</u> | <u>DACELIN ST. MARTIN, M.D.</u> | <u>P.O. BOX 2066</u>     |
| <u>X</u> Add                  |             |                                 | <u>LECANTO, FL 34460</u> |
| <u>    </u> Remove            |             |                                 |                          |
| 4) <u>    </u> Change         |             |                                 |                          |
| <u>    </u> Add               |             |                                 |                          |
| <u>    </u> Remove            |             |                                 |                          |
| 5) <u>    </u> Change         |             |                                 |                          |
| <u>    </u> Add               |             |                                 |                          |
| <u>    </u> Remove            |             |                                 |                          |
| 6) <u>    </u> Change         |             |                                 |                          |
| <u>    </u> Add               |             |                                 |                          |
| <u>    </u> Remove            |             |                                 |                          |

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

SEE ATTACHED

**F. If an amendment provides for an 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)*

The date of each amendment(s) adoption: \_\_\_\_\_, 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 \_\_\_\_\_

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)

DACELIN ST. MARTIN

(Typed or printed name of person signing)

PRESIDENT, DIRECTOR

(Title of person signing)

Audit Fax#: \_\_\_\_\_

**ARTICLE XIV - DATE OF INCEPTION**

The date of the corporate existence shall begin when these Articles have been filed with the Department of State, State of Florida, according to the Statutes of the State of Florida.

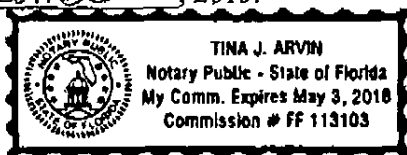
IN WITNESS WHEREOF, the undersigned have hereunto set their hands and seals, acknowledged and filed the foregoing First Amended and Restated Articles of Incorporation under the laws of the State of Florida, this 23 day of December, 2015.

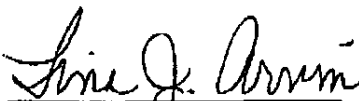
  
\_\_\_\_\_  
ALAN S. GASSMAN, ESQUIRE

STATE OF FLORIDA     )  
COUNTY OF PINELLAS    )

I HEREBY CERTIFY, that on this day, before me, a notary public duly authorized in the State and County above named to take acknowledgments, personally appeared ALAN S. GASSMAN, known to me, and who did take an oath, to be the person whose name is subscribed to the above instrument and who executed the foregoing Articles of Incorporation, and he acknowledged before me that he voluntarily executed these Articles of Incorporation for the uses and purposes herein contained.

WITNESS my hand and official seal in the County and State above named, this 23 day of December, 2015.



  
\_\_\_\_\_  
Notary Public

My Commission Expires:

Audit Fax#: \_\_\_\_\_

Audit Fax#: \_\_\_\_\_

**ACCEPTANCE OF REGISTERED AGENT**

Pursuant to Florida Statute 48.091 and Article VII of these Articles of Incorporation, the undersigned Registered Agent does hereby accept the duties as Registered Agent and designates as his location for service of process as:

DACELIN ST. MARTIN, M.D.  
4599 N. Buffalo Drive  
Beverly Hills, FL 34465

The undersigned shall serve as Registered Agent until otherwise removed or he shall resign pursuant to the laws of the State of Florida.



\_\_\_\_\_  
DACELIN ST. MARTIN, M.D.

J:\St. Martin, Dacelin\Pediatric and Internal Medicine Specialists, Inc. (FL)\Attachment to Articles of Amendment 1.wpd  
tja 10/19/15

Audit Fax#: \_\_\_\_\_