

506629

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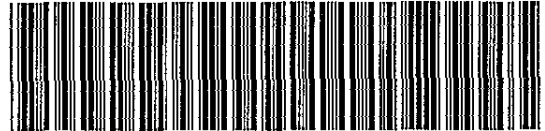
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2003 MAY 15 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03 MAY 15 AM 10:31

DIVISION OF CORPORATION

05/15/03--01043--001 **43.75

N.C.

C. Coulllette MAY 15 2003

**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

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5/15/03 *Amend*

☒ CERTIFIED COPY _____

_____ CUS _____

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☒ FILING *Amend*

1.) Associates in Obstetrics And Gynecology, M.D., P.A.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

File 2nd

SPECIAL INSTRUCTIONS _____

ARTICLES OF AMENDMENT TO
ASSOCIATES IN OBSTETRICS AND GYNECOLOGY, M.D., P.A.

1. The name of the corporation is ASSOCIATES IN OBSTETRICS AND GYNECOLOGY, M.D., P.A.
2. Pursuant to the applicable requirements of the Articles of Incorporation and By-Laws of the corporation the following amendment was adopted, ratified and passed:
 - a. The name of the corporation is amended to read:

JANG OF SOUTHWEST FLORIDA, INC.
3. The above name, Jang of Southwest Florida, Inc. shall be the new name of the corporation for which it will be known hereafter.
4. The date of the adoption of the amendment shall be May 8, 2003 and these Articles of Amendment will be effective when filed with the Department of State, State of Florida.
5. This Amendment was made by the sole director, officer and shareholder of the above corporation being K. K. Yankopolus and was passed by unanimous vote which is sufficient for approval of adoption of the above amendment.

Karen C Witt
Witness
Karen C Witt
Type/Print Name of Witness

Sherry J. Bryant
Witness
Sherry J. Bryant
Type/Print Name of Witness

K.K. Yankopolus
K.K. YANKOPOLUS

FILED
2003 MAY 15 PM 12:03
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF LEE

Execution of the foregoing instrument was acknowledged before me this 14 day of April, 2003 by K.K. YANKOPOLUS, who is personally known to me or who has produced _____ as identification and who () did or (X) did not take an oath.

Signature of Notary Public

Type/Print Name of Notary:

Commission Number:

Commission Exp. Date:

Sherry J. Bryant
Sherry J. Bryant



Sherry J Bryant

My Commission CC838282

Expires May 18, 2003