643610

(Requestor's Name)	
(Address)	—
(Address)	
(Addiess)	
(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



800059788148

03/26/05--01060--003 **35.00

05 SEP 26 PHI2: 41

GYN.C.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Area Uvelogical Associates, Inc.
DOCUMENT NUMBER:69	3610
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Jeffery O	koch
Bay Area Urolo	gical Associates, Inc.
SOO Vana	(Address)
Brand	Ion FL 335-11 State and Zip Code)
(City/ For further information concerning this matte	
Left Roll (Name of Contact Person)	at (Fr3) 685-0827 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	
\$35 Filing Fee \$\sum \text{Status}\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Statu (Additional copy is Certified Copy enclosed) (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

A A A A A A A A A A A A A A A A A A A
(Name of corporation as currently filed with the Florida Dept. of State)
(Name of corporation as currently filed with the Florida Dept. of State)
643610 ES
(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:
NEW CORPORATE NAME (if changing):
P 1 1 1 1 2 7 1 1
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
<u>AMENDMENTS ADOPTED</u> - (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (<u>BE SPECIFIC</u>)
Name change only
the state of the s
The second secon
\cdot
(Au J. additional accessing to the control of the c
(Attach additional pages if necessary)
If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: 9-12-05
Effective date if applicable: 9-12-2006. (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.
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)
James E Alver
(Typed or printed name of person signing)
Vicy President (Title of person signing)
(Title of person signing)

FILING FEE: \$35