

669538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

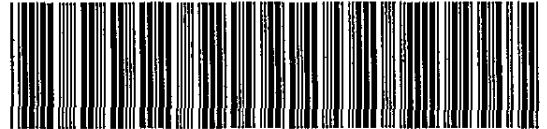
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STATE  
TALLAHASSEE, FLORIDA

04 JUN -9 AM 9:53

FILED

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NAME Change

**DOCUMENT NUMBER:** 669538

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gilbert A. SHAMAS M.D.  
(Name of Person)

Women's Health Associates of Pinellas, PA.  
(Name of Firm/ Company)

5501 4th St. No.  
(Address)

St. Petersburg, FL 33703.  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Robert Dobbs. at (727) 820-0550.  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (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  
409 E. Gaines Street  
Tallahassee, FL 32399

# **WOMEN'S HEALTH ASSOCIATES**

*Personalized Women's Care*

GILBERT A. SHAMAS, M.D.  
DIPLOMATE AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY  
OFFICE GYNECOLOGY/SURGICAL GYNECOLOGY

5501 4TH STREET NORTH  
ST. PETERSBURG, FL 33703  
TELEPHONE (727) 527-2590  
FAX (727) 525-0324

LISA M. BOZARTH, ARNP  
OFFICE GYNECOLOGY/WOMEN'S CARE

June 4, 2004

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

To Whom it may concern:

Please find attached the forms to change our corporation's name. Also please find check # 3097 in the amount of \$35.00

Thank You



Sharon Williamson  
Practice Administrator

Articles of Amendment  
to  
Articles of Incorporation  
of

Women's Health Associates, Shamas & Desper, M.D.'S, P.A.  
(Name of corporation as currently filed with the Florida Dept. of State)

669538.

(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):**

Women's Health Associates of Pinellas, PA.

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

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(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)

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(continued)

04 JUN -9 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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The date of each amendment(s) adoption: 6-1-04

Effective date if applicable: 6-1-04  
(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 4 day of June, 2004.

Signature Gilbert A. Shamas  
(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)

Gilbert A Shamas MD  
(Typed or printed name of person signing)

President  
(Title of person signing)

FILING FEE: \$35