

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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-04/07/99-D1029-D17
*****35.00 *****35.00

Arriants, Cromartie, Wuanett
& Johnson, P.A.

name

RECEIVED

99 APR -7 AM 10:21

DIVISION OF CORPORATION

- ___ Art of Inc. File Change
- ___ LTD Partnership File
- ___ Foreign Corp. File Amend
- ___ L.C. File
- ___ Fictitious Name File
- ___ Trade/Service Mark
- ___ Merger File
- ✓ ___ Art. of Amend. File
- ___ RA Resignation
- ___ Dissolution / Withdrawal
- ___ Annual Report / Reinstatement
- ___ Cert. Copy
- ✓ ___ Photo Copy
- ___ Certificate of Good Standing
- ___ Certificate of Status
- ___ Certificate of Fictitious Name
- ___ Corp Record Search
- ___ Officer Search
- ___ Fictitious Search DOOR
- ___ Fictitious Owner Search 4/7/99
- ___ Vehicle Search
- ___ Driving Record
- ___ UCC 1 or 3 File
- ___ UCC 11 Search
- ___ UCC 11 Retrieval
- ___ Courier

FILED
99 APR -7 PM 1:19
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

ARRANTS, CROMARTIE, WUAMETT & JOHNSON, P.A.

99 APR -7 PM 1:20
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Florida Statutes Section 607.1006, the Articles of Incorporation of the above-named Corporation are hereby amended as follows:

1. Article I, "Name," is hereby amended to read as follows:

COASTAL CARDIOVASCULAR AND THORACIC ASSOCIATES, P.A.

2. The foregoing amendment was adopted by unanimous written consent of the Shareholders and Directors of the Corporation, on the 4th day of February, 1999, with said Amendment to be effective upon the filing of these Articles of Amendment with the Secretary of State of the State of Florida.

William H. Johnson, III, MD
William H. Johnson, III, President

STATE OF FLORIDA
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this 4th day of February, 1999, by William H. Johnson, III, MD President of ARRANTS, CROMARTIE, WUAMETT & JOHNSON, P.A., on behalf of the corporation, who is:

☒ is/are personally known to me; or.
☐ produced a current Florida driver's license as identification, or
☐ produced _____ as identification.

Barbara L. Bleich
Notary Public, State of Florida
BARBARA L. Bleich
Printed Name of Notary

My commission expires:

