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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HENRY P. FRIEDER, M.D., ANESTHESIOLOGY ASSOCIATES OF SARA					
DOCUMENT NUMBER:	G46838				
The enclosed Articles of Amendo	ment and fee	are submitted for filing.			
Please return all correspondence	concerning th	is matter to the following:			
	HENRY	P FRIEDER			
	(Name	of Contact Person)			
	(Fi	rm/ Company)	······		
	1500 HI	LLVIEW DRIVE			
		(Address)			
		OTA, FLORIDA 34239-2026			
For further information concerning		tate and Zip Code) please call:			
HENRY P FRIEDER		at (<u>941</u>) <u>955-3</u>			
(Name of Contact Person (Name of Contact Person (Name of Contact Person		(Area Code & Daytim	e Telephone Number)		
\$35 Filing Fee \$43.75 Fil Certificate	ing Fee &	✓ \$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 Clifton Building 2661 Executive Center C Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

HENRY P. FRIEDER, M.D., ANESTHESIOLOGY ASSOCIATES OF SARASOTA, P.A.

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

(and or sorperment a surface, and with the restriction of the surface of the sur
G46838
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
HENRY P. FRIEDER, M.D., AND ASSOCIATES OF SARASOTA, P.A.
(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.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
OF MAR 29 PH 2: 39 RECALTARY OF STATE ALLAHASSEE, FLORID
SEE
FIS 2:
(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 amendmen	t(s) adoption:	MARCH 28, 2006	
Effective date if applicable:			
	(no more than 90 days	after amendment file date)	
Adoption of Amendment(s)	(CHECK ON	<u>NE</u>)	
		by the shareholders. The number of votes cast was/were sufficient for approval.	for
	t must be separately j	by the shareholders through voting groups. The provided for each voting group entitled to vote	
"The number o	f votes cast for the an	mendment(s) was/were sufficient for approval l	by
	(voting group)	•	
	was/were adopted by tion was not required	y the board of directors without shareholder act	tion
The amendment(s) shareholder action		y the incorporators without shareholder action	and
selec	director, president or othered, by an incorporator-inted fiduciary by that fid	her officer - if directors or officers have not been if in the hands of a receiver, trustee, or other court duciary)	
·	HENRY P FR		
	(Typed or pri	rinted name of person signing)	
	PRESIDENT	Γ	
	(Ti	itle of person signing)	

FILING FEE: \$35