

CT CORPORATION SYSTEM

J79159

CORPORATION(S) NAME

Sunlife Maternal Child Network, P.A.

formerly: Sunlife OB/GYN Services of Broward County, P.A.

FILED  
02 FEB - 7 PM 4: 20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
02 FEB - 7 PM 3: 15  
TALLAHASSEE, FLORIDA

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit              | <input checked="" type="checkbox"/> Amendment   | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit           |   |   |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
|  | <input type="checkbox"/> Reinstatement          |   |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> Change of RA       |
|  | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out            |   |   |

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

2/7/02

Order#: 5108987

100004891091--2  
-02/08/02--01003--006

Ref#: \*\*\*\*\*35.00 \*\*\*\*\*35.00

Amount: \$ \_\_\_\_\_

File Second

C. Coulliette FEB 11 2002

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

\*00789, 00563, 00672

CCH Legal Information Services Company



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

February 7, 2002

CT Corporation System  
660 East Jefferson St.  
Tallahassee, FL 32301

SUBJECT: SUNLIFE OB/GYN SERVICES OF BROWARD COUNTY, P.A.  
Ref. Number: J79159

We have received your document for SUNLIFE OB/GYN SERVICES OF BROWARD COUNTY, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Corporate Specialist

Letter Number: 202A00007755

RECEIVED  
02 FEB 11 AM 11:57  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*Please back-date*

*Sub*  
*JH*

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF

FILED  
02 FEB - 7 PM 4: 20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUNLIFE OB/GYN SERVICES OF BROWARD COUNTY, P.A.

(present name)

*Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST:** Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

Article 1 of the Articles of Incorporation shall be replaced as follows:

Article 1: The name of the Corporation is Sunlife Maternal Child Network, P.A.

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

N/A

THIRD: The date of each amendment's adoption: January 30, 2002

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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 30th day of January, 2002

Signature

Stm. Scott

(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Steven M. Scott, M.D.

Typed or printed name

Vice President

Title