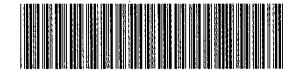
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| Certified Copies        | _ Certificates     | of Status                             |
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| Special Instructions to | Filing Officer:    |                                       |
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**EXAMINER** 

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| CORPDIRECT AC<br>515 EAST PARK A<br>TALLAHASSEE, 1<br>222-1173 | VENUE        | ormerly CCRS)                                      | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| FILING COVE<br>ACCT. #FCA-14                                   |              |                                                    | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| CONTACT:                                                       | Kim Weide    | enbach                                             | 10 JI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| DATE:                                                          | 07/02/10     |                                                    | OF COLUMN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| REF. #:                                                        | 000177.128   | 262                                                | The state of the s |
| CORP. NAME<br>GALLOWAY AN                                      | <del> </del> | HEALTH ANESTHESIA ASSOCI<br>SSOCIATES, LLC         | IATES, LLC changing its name to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ( ) ARTICLES OF IN                                             |              | ( XX ) ARTICLES OF AMENDMENT                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ( ) ANNUAL REPOR<br>( ) FOREIGN QUALI                          |              | ( ) TRADEMARK/SERVICE MARK ( ) LIMITED PARTNERSHIP | ( ) FICTITIOUS NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ( ) REINSTATEMEN                                               |              | (, ) MERGER                                        | ( ) LIMITED LIABILITY  ( ) WITHDRAWAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ( ) CERTIFICATE O                                              |              |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ( ) OTHER:                                                     |              |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| STATE FEES                                                     | PREPAID W    | лт <b>н снеск</b> # <u>535519</u>                  | FOR \$ <u>25.00</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>AUTHORIZA</b> 7                                             | TION FOR A   | ACCOUNT IF TO BE DEBIT                             | ED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| PLEASE RETU                                                    | URN:         |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ( ) CERTIFIED CO                                               |              |                                                    | (XX) PLAIN STAMPED COPY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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Examiner's Initials

## ARTICLES OF AMENDMENT TO THE ARTICLES OF ORGANIZATION OF GASTRO HEALTH ANESTHESIA ASSOCIATES, LLC



- I. The Articles of Organization for GASTRO HEALTH ANESTHESIA ASSOCIATES, LLC (the "Company") were filed on June 16, 2010, and assigned Florida document Number L10000064154.
- II. The Articles of Organization are hereby amended as follows:

Article I of the Articles of Organization is deleted in its entirety and replaced with the following:

## **ARTICLE I - NAME**

The name of the Company shall be GALLOWAY ANESTHESIA ASSOCIATES, LLC.

III. All of the provisions of the Articles of Organization not amended herein are hereby ratified, confirmed and shall remain unchanged.

Dated: 7/0/ ,2010

James Léavitt, M.D., Authorized Signatory

### GALLOWAY ANESTHESIA ASSOCIATES, LLC

### 9415 S. W. 72ND STREET, SUITE 274

### MIAMI, FLORIDA 33173

July 6, 2010

VIA FACSIMILE-631-447-8960 AND CERTIFIED MAIL

Internal Revenue Service Attention: EIN Operations Holtsville, New York 11742

Re: Gastro Health Anesthesia Associates, LLC

27-2862377

### Dear Ladies and Gentlemen:

If you have any questions, I can be reached at 305-595-1013 Monday through Friday from 9:00 A.M. to 5:00 P.M.

very duty yoursy

James-Leavitt, M.D.