

L10000064154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

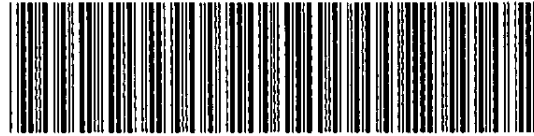
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/02/10--01005--022 \*\*25.00

RECEIVED  
10 JUL -2 AM 11:59  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

10 JUL -2 PM 2:28  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B. KOHR  
JUL -2 2010  
EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 07/02/10

REF. #: 000177.128262

CORP. NAME: GASTRO HEALTH ANESTHESIA ASSOCIATES, LLC changing its name to:  
GALLOWAY ANESTHESIA ASSOCIATES, LLC

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DIVISION OF CORPORATIONS  
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- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK           | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP              | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                           | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| <input type="checkbox"/> OTHER:                      |   |  |

STATE FEES PREPAID WITH CHECK# 535519 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JUL -2 PM 2:28

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:

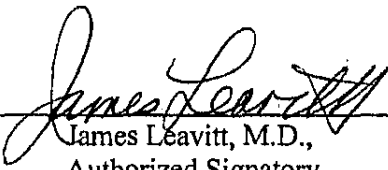
Article I of the Articles of Organization is deleted in its entirety and replaced with the following:

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: 7/01, 2010

  
James Leavitt, 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

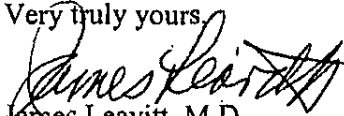
Re: Gastro Health Anesthesia Associates, LLC  
27-2862377

Dear Ladies and Gentlemen:

Please be advised that Gastro Health Anesthesia Associates, LLC, a Florida limited liability company, has changed its name to Galloway Anesthesia Associates, LLC, a Florida limited liability company, as of 07/01, 2010. A copy of the amendment to the articles of organization confirming the name change is enclosed herewith. Please change your records accordingly, and provide a letter to my attention at the above address confirming that this has been accomplished.

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 truly yours,

  
James Leavitt, M.D.