

**NO 3000003689**

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(Requestor's Name)

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(City/State/Zip/Phone #)

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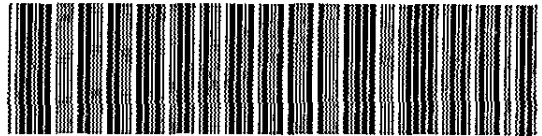
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(Business Entity Name)

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5/22

To Whom It May Concern:

Enclosed please find a request for amendment to Articles of Incorporation for Hospitalists Associates, Inc. to Hospitalist Associates, Inc.

Please contact Dr. Sanjay Muttreja at 321 229-5479 for any questions/ concerns. The mailing address is: 1717 Knotting Hill Dr., Orlando, FL 32835.

**ARTICLES OF AMENDMENT**  
**to**  
**ARTICLES OF INCORPORATION**  
**of**

HOSPITALISTS ASSOCIATES, INC.

(present name)

N03000003689

(Document Number of Corporation (If known))

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*Pursuant to the provisions of section 617.1006, Florida Statutes, the undersigned Florida nonprofit 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.)

Document number N03000003689 being amended to have the new name as


HOSPITALIST ASSOCIATES, INC.

**SECOND:** The date of adoption of the amendment(s) was: May 07, 2003

**THIRD:** Adoption of Amendment (CHECK ONE)

☒ The amendment(s) was(were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.

☐ There are no members or members entitled to vote on the amendment. The amendment(s) was(were) adopted by the board of directors.

  
\_\_\_\_\_  
Signature of Chairman, Vice Chairman, President or other officer

Sanjay P Muttreja, MD

\_\_\_\_\_  
Typed or printed name

Vice- Chairman

\_\_\_\_\_  
Title

05/13/2003

\_\_\_\_\_  
Date