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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Sun Coast Association of Medical I
DOCUMENT NUMBER: NO500007620
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PAULA A CAREY (Name of Contact Person)
(Name of Contact Person)
BAAMI (Firm/ Company)
(Firm/ Company)
9471 Forest Hills Place (Address)
Tampa, FL 336/Z (City/ State and Zip Code)
(City/ State and Zip Code)
For further information concerning this matter, please call:
Paula Carey at 86 383-748/ (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & 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 Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

NO500000 7620

SUNCOAST ASSOCIATION of MEDICAL Instrumentation, Inc., (Name of corporation as currently filed with the Florida Dept. of State)

(Document number of corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit</i> Corporation adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
BAY AREA Association of Medical Instrumentation, Inc. (must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation) AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Articles Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
none
Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) None Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) None None
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(Attach additional pages if necessary)

(continued)

The date of adoption of the amendment(s) was: 2/ FEB 08
Effective date if applicable: 21 FEB 08 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was (were) adopted by the members and the number of votes can 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 Objective A Carey (By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
PAULA A CAREY (Typed or printed name of person signing)
Treasurer, BAAMI, Inc.

FILING FEE: \$35