| (Re                     | equestor's Name)   |             |
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| (Ac                     | idress)            | ·           |
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| (Ci                     | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | ısiness Entity Nar | me)         |
| (Do                     | ocument Number)    | <u> </u>    |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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## **COVER LETTER**

, TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: Association               | on of Neurosurgic  | al Physician Assistants, l  | Inc. |
|--|--|---|------|
| DOCUMENT NUMBER: N06000024                     | 417  |   |      |
| The enclosed Articles of Amendment and fee     | are submitted for filin  | g.  |      |
| Please return all correspondence concerning to | his matter to the follow   | ving:   |      |
| Linda Kotrba                                   |  |   |      |
| (Name of                                       | Contact Person)  |   |      |
| ANSPA, Inc.                                    |  |   |      |
| (Firm  | / Company)   |   |      |
| 4267 NW Federal Highwa                         | y, PMB 202   |   |      |
| (A   | Address)   |   |      |
| Jensen Beach, FL 3495                          | 7  |   |      |
| (City/ Stat                                    | te and Zip Code)   |   |      |
| For further information concerning this matter | r, please call:  |   |      |
| Michael Koplas, CPA                            | at ( 772 )   | 221-4806  |      |
| (Name of Contact Person)                       | (Area Code   | & Daytime Telephone Number)   |      |
| Enclosed is a check for the following amount:  |  |   |      |
| ✓ \$35 Filing Fee & Certificate of Status      | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |      |
| Mailing Address                                | Street A   | <del></del>   |      |
| Amendment Section Division of Corporations     |  | ent Section   |      |
| P.O. Box 6327                                  | Division<br>Clifton B  | of Corporations   |      |
| Tallahassee, FL 32314                          |  | cutive Center Circle  |      |

Tallahassee, FL 32301

# **Articles of Amendment** to **Articles of Incorporation**

of Neurosurgical Physician Assistants, Inc.

(Name of corporation as currently filed with the Florida Dept. of State) TALLAHASSEE. FLORIDA

Association of Neurosurgical Physician Assistants, Inc.

language; "Company" or "Co." may not be used in the name of a not for profit corporation)

## N06000002417

.

(Document number of corporation (if known)

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

#### NEW CORPORATE NAME (if changing):

| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) |             |  |  |  |
|--|-------------|--|--|--|
| Article III - Delete the original paragraph and replace with paragraphs on   |             |  |  |  |
| ttached page.  |             |  |  |  |
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(Attach additional pages if necessary) (continued)

| The date of adoption of the am | nendment(s) was: 9/5/06  |  |  |  |
|--------------------------------|--|--|--|--|
| Effective date if applicable:  |  |  |  |  |
|                                | (no more than 90 days after amendment file date)   |  |  |  |
| Adoption of Amendment(s)       | (CHECK ONE)  |  |  |  |
| • •                            | as (were) adopted by the members and the number of votes cast as sufficient for approval.                |  |  |  |
| <del></del>                    | rs or members entitled to vote on the amendment. The vere) adopted by the board of directors.            |  |  |  |
| Signature (By the chairman of  | Solution of the board, president or other officer- if directors  |  |  |  |
|                                | ected, by an incorporator- if in the hands of a receiver, trustee, or ted fiduciary, by that fiduciary.) |  |  |  |
| Linda Kotrb                    | a  |  |  |  |
| (Тур                           | ped or printed name of person signing)   |  |  |  |
| <b>Executive D</b>             | irector  |  |  |  |
|                                | (Title of person signing)  |  |  |  |

FILING FEE: \$35

### Association of Neurosurgical Physician Assistants, Inc. Amendment to Florida Articles of Incorporation

#### Article III

The organization is established to provide continuing medical education for neurosurgical physician assistants.

The purposes for which this organization is organized are exclusively religious, charitable, scientific, literary, and educational within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue Law.

Notwithstanding any other provision of these articles, this organization shall not carry on any activities not permitted to be carried on by an organization exempt from Federal Income tax under section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue Law.

In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations which themselves are exempt as organizations described in sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1986 or corresponding sections of any prior or future Internal Revenue Code, or to the Federal, State, or local government for exclusive public purpose.