

Aug 16 2011 3:14PM

John L. Tomlinson, CPA, PA

954-771-9488

932

Division of Corporations

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Florida Department of State
Division of Corporations
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FORT LAUDERDALE SURGICAL SOCIETY, INC.**

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August 16, 2011

FLORIDA DEPARTMENT OF STATE

FORT LAUDERDALE SURGICAL SOCIETY, INC. ^{Division of Corporations}
500 W CYPRESS CREEK RD SUITE 210
FT LAUDERDALE, FL 33309

SUBJECT: FORT LAUDERDALE SURGICAL SOCIETY, INC.
REF: N07000000170

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

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TALLAHASSEE, FLORIDA

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Articles of Amendment
to
Articles of Incorporation
of

2011 AUG 16 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDAFORT LAUDERDALE SURGICAL SOCIETY, INC.(Name of Corporation as currently filed with the Florida Dept. of State)N07000000170

(Document Number of Corporation (if known))

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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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((H11000204310 3)))

The date of each amendment(s) adoption: June 28, 2011

(date of adoption is required)

Effective date if applicable: _____

(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 cast for the amendment(s) was/were sufficient for approval.

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

Dated June 28, 2011

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Sabine V. Hesse, MD

(Typed or printed name of person signing)

President

(Title of person signing)

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