## NI10000002694

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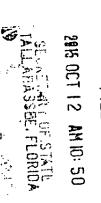
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## COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations Pediatric Medical Services of Florida, Inc. NAME OF CORPORATION: N11000002694 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Leslie Durant (Name of Contact Person) The Nemours Foundation (Firm/Company) 13535 Nemours Parkway (Address) Orlando, FL 32827 (City/ State and Zip Code) leslie.durant@nemours.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Leslie Durant 407 567.4515 (Name of Contact Person) (Daytime Telephone Number) (Area Code) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

Pediatric Medical Services of Florida, Inc.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Name of Corporation as cur	rently filed with the Florida Mont. Us Stat 2 AM 10: 50
N11000002694	\$3.4 GT 46 - DE \$1474
(Document Nu	umber of Corporation (if known) LLATIASSEE. FLORIDA
Pursuant to the provisions of section 617.1006, Florida Statementment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	The new oration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>(82</u> )
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	nla
D. If amending the registered agent and/or registered of new registered agent and/or the new registered offic  Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	•
<u></u>	n a , Florida
<del></del>	(City), Florida (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
	Signature of New Registered Agent, if changing
	rio ministry i an information of the contraction of

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X.Change X.Remove X. Add	<u>V</u> <u>M</u>	<u>hn Doe</u> ike Jones Illy Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P	Roger A. Oxendale	13535 Nemours Parkway
Add			Orlando, FL 32827
X Remove			
2) Change	P	Martha McGill	10140 Centurion Parkway North
X Add			Jacksonville, FL 32256
Remove	•		
3 ) Change	S	Deborah Platz	13535 Nemours Parkway
Add	<del></del>		Orlando, FL 32827
X Remove			
4) Change	S	Caroline Bissett	13535 Nemours Parkway
X Add			Orlando, FL 32827
Remove			
5) Change			
Add			<del> </del>
Remove			
KCIIIOYE			
6) Change			
Add			
Remove			

E. If amending or adding addition (attach additional sheets, if neces	ssary). (Be specific)			
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The date of each amen	· · · · · · · · · · · · · · · · · · ·	if other than the
date this document was	signed.	
Effective date if applic		
	(no more than 90 days after amendment file date)	
	ed in this block does not meet the applicable statutory filing requirements, this date will not be the on the Department of State's records.	listed as the
Adoption of Amendme	ent(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were sufficien	was/were adopted by the members and the number of votes cast for the amendment(s) t for approval.	
There are no membadopted by the box	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
Dated	9/30/15	
Signature		
(	(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)	
	Deborah S. Platz	
	(Typed or printed name of person signing)	
	Secretary of Pediatric Medical Services, Inc.	
	(Title of person signing)	