N42054

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EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: Florida Surgi	cal Soc	iety, In	ic.	
DOCUMENT NUMB	BER: N42054				
The enclosed Articles	of Amendment and fee are su	bmitted fo	r filing.		
Please return all corres	pondence concerning this ma	tter to the	following	y :	
		a L. Call			
	(Name of	f Contact	Person)		
	SSP Meetings	s & Mana	agemen	t, Inc.	
	(Firn	n/ Compa	ny)		
	591 [.]	1 Hicks I	Rd.		
	(Address)	.,,		
	la alca e	:0.= [7]	00044		
	Jackson (City/ Sta	ate and Zi			
	wandaca E-mail address: (to be use				ation)
For further information	n concerning this matter, pleas	se call:			
Wanda L. Callahar	1	at (904	786-084	6
(Name o	f Contact Person)		(Area (Code & Daytir	me Telephone Number)
Enclosed is a check for	the following amount made p	payable to	the Flori	da Departmen	t of State:
□\$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	Certi (Add	3.75 Filit fied Copy itional co osed)	/	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	g Address ment Section			Address Iment Section	<i></i> ,
	n of Corporations			iment Section on of Corporation	ons
P.O. Bo	ox 6327 ssee, FL 32314		Clifton	Building	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Articles of Incorporation of	3
Florida Surgical Society, Inc.	王等
(Name of Corporation as currently filed with the Florida Dept. of State)	三部
N42054	
(0)	

(Document Number of Corporation (if known)

Florida Society of General Surgeons, Inc. 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) Jacksonville , FL 32244	A. If amending name, enter the new name of the	e corporatio	<u>n:</u>	
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) Jacksonville, FL 32244 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: Name of New Registered Agent: Wanda L. Callahan 5911 Hicks Road New Registered Office Address: (Florida street address) Jacksonville Florida 32244	Florida Society of 0	General Su	ırgeons, Inc.	
(Principal office address MUST BE A STREET ADDRESS) Jacksonville, FL 32244 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: Wanda L. Callahan 5911 Hicks Road New Registered Office Address: (Florida street address) Jacksonville, FL 32244	· · · · · · · · · · · · · · · · · · ·		•	orporated" or the
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: Wanda L. Callahan	B. Enter new principal office address, if applica	ble:	5911 Hicks Road	
Mailing address MAY BE A POST OFFICE BOX Jacksonville, FL 32222 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: Wanda L. Callahan 5911 Hicks Road New Registered Office Address: (Florida street address) Jacksonville Florida 32244	(Principal office address <u>MUST BE A STREET A</u>	DDRESS)	Jacksonville, FL 32	2244
Mailing address MAY BE A POST OFFICE BOX Jacksonville, FL 32222 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: Wanda L. Callahan 5911 Hicks Road New Registered Office Address: (Florida street address) Jacksonville Florida 32244				
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: Wanda L. Callahan 5911 Hicks Road New Registered Office Address: (Florida street address) Jacksonville Florida 32244			P. O. Box 441745	
new registered agent and/or the new registered office address: Name of New Registered Agent: Wanda L. Callahan 5911 Hicks Road 5911 Hicks Road New Registered Office Address: (Florida street address) Jacksonville , Florida 32244			Jacksonville, FL 32	222
new registered agent and/or the new registered office address: Name of New Registered Agent: Wanda L. Callahan 5911 Hicks Road 5911 Hicks Road New Registered Office Address: (Florida street address) Jacksonville , Florida 32244				
Name of New Registered Agent: Wanda L. Callahan 5911 Hicks Road New Registered Office Address: (Florida street address) Jacksonville , Florida 32244	D. If amonding the registered agent and/or regis	-4 d - 66	address in Florida, ent	er the name of the
5911 Hicks Road				
New Registered Office Address: (Florida street address) Jacksonville , Florida 32244				
Jacksonville , Florida 32244	new registered agent and/or the new register	ed office add	dress:	_
, riolida,	new registered agent and/or the new register	ed office add	iress: da L. Callahan	_
	new registered agent and/or the new register Name of New Registered Agent:	wand Wand 591	<u>Iress:</u> da L. Callahan 1 Hicks Road	-
(City) (Zip Code)	new registered agent and/or the new register Name of New Registered Agent:	Wand Wand 591 (Flori	da L. Callahan Hicks Road da street address)	– – , Florida 32244
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	new registered agent and/or the new register Name of New Registered Agent:	Wand Wand 591 (Flori	dress: da L. Callahan Hicks Road da street address) cksonville	

Signature of New Registered Agent, if changing

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
ED	Seymour, Christopher R.	6816 Southpoint Pkwy. Suite 1000 Jacksonville, FL 32216	☐ Add ☐ Remove
MD	Callahan, Wanda L.	5911 Hicks Road Jacksonville, FL32244	☑ Add ☐ Remove
	ling or adding additional Articles, ent dditional sheets, if necessary). (Be spe		

The date of each amendment(s	s) adoption: Dec. 1, 2010
•	(date of adoption is required)
Effective date if applicable:	(so more than 00 days after amondment file data)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for approx	e adopted by the members and the number of votes cast for the amendment(s) oval.
There are no members or madopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ctors.
Signature(By t	he chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or
	court appointed fiduciary by that fiduciary)
	Wanda L. Callahan
	(Typed or printed name of person signing)
	Managing Director
	(Title of person signing)