N49749

(Requestor's Name)
(Address)
(1.1.1.1.)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Amend



04/18/05--01029--024 **43.75

COVER LETTER

TO: Amendment Section

Mailing Address

P.O. Box 6327

Amendment Section

Tallahassee, FL 32314

Division of Corporations

Division of Corporations	
NAME OF CORPORATION: Pinellas County Medical As	1 550C/W
DOCUMENT NUMBER:	.i
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
(Name of Contact Person)	. ,
(Name of Contact Person) Pinellas County Medical Associa, (Firm/Company)	hon
4900 Creekside Drive, Suite G	<u>.</u> -
Clearantee TL 33760 (City/State/and Zip Code)	· .
For further information concerning this matter, please call:	
Wanda Strayhan at (727 541-1/5 (Name of Contact Person) (Area Code & Daytime Telephone Nu	<u>G</u>
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is Certified Copy is Certified Copy (Additional copy is Certified Copy is Certified Copy (Additional copy is Certified Copy is Ce	Filing Fee cate of Status ed Copy ional Copy losed)

Street Address

Amendment Section

409 E. Gaines Street

Tallahassee, FL 32399

Division of Corporations

Articles of Amendment
to
Articles of Incorporation
of

Pinellas County 11	ledical HSSOCIATION, In
(Name of corporation as currently fi	iled with the Florida Dept. of State)
11.10-110	
N49749	
(Document number of c	corporation (if known)
Pursuant to the provisions of section 617.1006, Fl	lorida Statutes this Florida Not For Profit
Corporation adopts the following amendment(s):	
•	المساق الماسية
NEW CORPORATE NAME (if changing):	···
(must contain the word "corporation," "incorporated," or the	
language; "Company" or "Co." may not be used in the nam	ne of a not for profit corporation)
AMENDMENTS ADOPTED- (OTHER THAN	N NAME CHANGE) Indicate Article
Number(s) and/or Article Title(s) being amended,	
Office (241)	
VIIICES (Uda)	
Marcos Joppert-Preside	mt
Edward Halla IND VD	
Muara Mackay - V.T.	
Cobert S. Spiegel-Se	re Ann
1/1/1:	
VIBRUTI SINGK, M.D	I reasurer
111	
<u>aelere</u>	
Robert J. Entel, M.D.	- Aesdent
	110
Edward Gillett M.D -	V.F.
RICK Schmidt, M.D.	Spanne
LIGO SCIPMIAT, M.D.	- Secretary
Kerin Garner, U.D.	Treasurer

(Attach additional pages if necessary)

The date of adoption of the amendment(s) was:
Effective date if applicable: 10-1-04 (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 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 (By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
(Typed or printed name of person signing)
President

FILING FEE: \$35

(Title of person signing)