

N49749

(Requestor's Name)

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(Business Entity Name)

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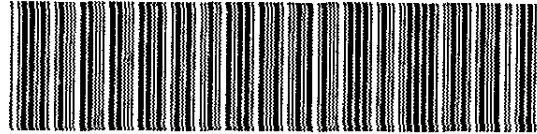
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Corrected adoption date  
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*Amend*

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06 NOV - 3 PM 1:12  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts NOV 06 2006

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** PINELLAS COUNTY MEDICAL ASSOCIATION

**DOCUMENT NUMBER:** N49749

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARYN CALDWELL

(Name of Contact Person)

PINELLAS COUNTY MEDICAL ASSOCIATION

(Firm/ Company)

4900 CREEKSIDE DRIVE, SUITE G

(Address)

CLEARWATER, FLORIDA 33760

(City/ State and Zip Code)

For further information concerning this matter, please call:

WANDA STRAYHAN

(Name of Contact Person)

at ( 727 ) 541-1159

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|---|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

06 NOV -3 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PINELLAS COUNTY MEDICAL ASSOCIATION, INC.

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

N49749

(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:

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

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

DELETE - KEVIN GARNER, MD

ADD - EDWARD MACKAY, M.D. - PRESIDENT

CHANGE - EDWARD GILLET, M.D. - VICE PRESIDENT

ADD - DAVID MCKALIP, M.D. - SECRETARY

CHANGE - DENNIS PEVARSKI, M.D. - TREASURER

DELETE - VIBHUTI SINGH, M.D.

(Attach additional pages if necessary)  
(continued)

The date of adoption of the amendment(s) was: September 11, 2006

Effective date if applicable: November 1, 2006  
(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

Caryn Caldwell  
(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.)

CARYN CALDWELL

(Typed or printed name of person signing)

EXECUTIVE DIRECTOR

(Title of person signing)

**FILING FEE: \$35**