

PO1000040727

October 18, 2002

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-10/21/02--01030--011  
\*\*\*\*\*43.75 \*\*\*\*\*43.75

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

Via: First Class Mail

Dear Amendment Department:

Enclosed is the completed amendment form for a Corporation Name Change. I have also enclosed a check for \$ 43.75 to cover the filing fee's and one certified copy of the amendment.

Please forward the certified copy to my home address at **Walter Ignasiak 4961 NW 102 Drive, Coral Springs, FL 33076**. My phone number is **954-344-0456**. Thank you for your assistance with this matter.

Sincerely,

*Walter Ignasiak*

Walter Ignasiak  
CEO

WL/jc

Enclosure(s)

FILED  
02 NOV -4 PM 12:15  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

PO1000040727  
PS 11/4/02



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

October 23, 2002

WALTER IGNASIAK  
4961 NW 102 DR  
CORAL SPRINGS, FL 33076

SUBJECT: MANAGED CARE SLEEP DISORDER CENTERS, INC.  
Ref. Number: P01000040727

We have received your document for MANAGED CARE SLEEP DISORDER CENTERS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith  
Document Specialist

Letter Number: 802A00058629

RECEIVED  
02 NOV -4 AM 9:01  
DIVISION OF CORPORATIONS

FILED

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF

02 NOV -4 PM 12: 15

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

MANAGED CARE SLEEP DISORDER CENTERS, INC.  
(present name)

P01000040727

(Document Number of Corporation (If known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

**FIRST:** Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

ARTICLE - VIII CORPORATION WILL CHANGE  
THE NAME TO:

PULMONARY AND SLEEP DISORDER CENTERS, INC.

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

N/A

THIRD: The date of each amendment's adoption: OCTOBER 18, 2002

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by N/A."  
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 18 day of OCTOBER, 2002.

Signature Walter Ignasiak CEO  
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

WALTER IGNASIAK  
(Typed or printed name)

CEO  
(Title)