

PO1000074622

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000200650 3)))



H150002006503ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6380

FILED
Aug 19, 2015 08:00 AM
Secretary of State

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

15 AUG 19 PM 2:21

15 AUG 19 PM 2:21

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
MILLENNIUM ANESTHESIA CARE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	08
Estimated Charge	\$35.00

AUG 10 2015
C. CARROTHERS

Electronic Filing Menu

Corporate Filing Menu

Help

AMERICAN ANESTHESIOLOGY OF FLORIDA, INC.

**1301 Concord Terrace
Sunrise, Florida 33323**

August 19, 2015

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida 32314

FILED
Aug 19, 2015 08:00 AM
Secretary of State


Re: Consent to Use of Similar Name

Dear Sir or Madam:

This letter shall evidence the consent of American Anesthesiology of Florida, Inc. to the use of the name "American Anesthesiology Associates of Florida, Inc." by American Anesthesiology Associates of Florida, Inc. The undersigned has the authority to sign this letter of consent on behalf of and as the act of American Anesthesiology of Florida, Inc.

AMERICAN ANESTHESIOLOGY OF FLORIDA, INC.

By:


Name: Dominic J. Andreano
Its: Secretary

Articles of Amendment
to
Articles of Incorporation
of

FILED
Aug 19, 2015 08:00 AM
Secretary of State

Millennium Anesthesia Care, Inc.

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

PO1000074622

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

American Anesthesiology Associates of Florida, Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1301 Concord Terrace

Sunrise, Florida 33323

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1301 Concord Terrace

Sunrise, Florida 33323

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

CT Corporation System

1200 South Pine Island Road

(Florida street address)

New Registered Office Address:

Plantation

(City)

Florida 33324

(Zip Code)

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 the position.

Signature of New Registered Agent, if changing

Angel Nunez
Assistant Secretary

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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	PRBS	James Gruber MD	2727 W. Dr. MLK Blvd, Ste 310 Tampa, FL 33607
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	TRES	Alexander Paloma MD	2727 W. Dr. MLK Blvd, Ste 310 Tampa, FL 33607
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	SECR	Mukesh Patel MD	2727 W. Dr. MLK Blvd, Ste 310 Tampa, FL 33607
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	BM	Alejandro Escobar MD	2727 W. Dr. MLK Blvd, Ste 310 Tampa, FL 33607
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	BM	Satish Reddy MD	2727 W. Dr. MLK Blvd, Ste 310 Tampa, FL 33607
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	BM	Eric Mason, MD	1301 Concord Terrace Sunrise, FL 33323

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	PRES	Eric Mason, MD	1301 Concord Terrace
<input checked="" type="checkbox"/> Add			Sunrise, FL 33323
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	VP	Eduardo Otero, MD	1301 Concord Terrace
<input checked="" type="checkbox"/> Add			Sunrise, FL 33323
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	SECR	Dominio J. Andreano	1301 Concord Terrace
<input checked="" type="checkbox"/> Add			Sunrise, FL 33323
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	TRES	Vivian Lopez-Blanco	1301 Concord Terrace
<input checked="" type="checkbox"/> Add			Sunrise, FL 33323
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

8/19/2015 2:19:17 PM From: To: 8506176380(5/8)

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

F. 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:
(If not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders 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 _____"
(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.

Dated August 19, 2015

Signature 
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Dominic J. Andreano

(Typed or printed name of person signing)

Secretary

(Title of person signing)

8/19/2015 2:19:17 PM From: To: 8506176380(8/8)

AMERICAN ANESTHESIOLOGY, INC.

1301 Concord Terrace
Sunrise, Florida 33323

August 19, 2015


Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida 32314

Re: Consent to Use of Similar Name

Dear Sir or Madam:

This letter shall evidence the consent of American Anesthesiology, Inc. to the use of the name "American Anesthesiology Associates of Florida, Inc." by American Anesthesiology Associates of Florida, Inc. The undersigned has the authority to sign this letter of consent on behalf of and as the act of American Anesthesiology, Inc.

AMERICAN ANESTHESIOLOGY, INC.

By: 
Name: Dominic J. Andreano
Its: Secretary