## P02000002642

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Ambulatory	y Anesthesia Services, In.	
DOCUMENT NUMBER: P02000002642		
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning t	his matter to the following:	
Jill Bavetta		
(Name	e of Contact Person)	
Ambulatory Anesthesia Se	ervices, Inc.	
(I	Firm/ Company)	
P.O. Box 895426		
	(Address)	<del></del>
Leesburg, FL 34789		
(City/	State and Zip Code)	<del></del>
For further information concerning this matte	r, please call:	
Jill Bavetta	at (352)_728-0080	
(Name of Contact Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for the following amount	:	
\$35 Filing Fee \$\times \$43.75 Filing Fee \$\times\$ Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Statu- Certified Copy (Additional Copy 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 Circ Tallahassee, FL 32301	le



January 26, 2006

JILL BAVETTA AMBULATORY ANESTHESIA SERVICES, INC. P. O. BOX 895426 LEESBURG, FL 34789-5426

SUBJECT: AMBULATORY ANESTHESIA SERVICES, INC.

Ref. Number: P02000002642

We have received your document for AMBULATORY ANESTHESIA SERVICES, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The wrong form was submitted Articles of Amendment to Articles of Organization. Please complete and return the attached Articles of Amendment to the Articles of Incorporation form.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 506A00005652





December 19, 2005

JILL BAVETTA
AMBULATORY ANESTHESIA SERVICES, INC.
P. O. BOX 895426
LEESBURG, FL 34789-5426

SUBJECT: AMBULATORY ANESTHESIA SERVICES, INC.

Ref. Number: P02000002642

We have received your document for AMBULATORY ANESTHESIA SERVICES, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Changes to the Articles of Incorporation must be stated in the Articles of Amendment under Amendment adopted other than the name change.

All of the documents attached to the Articles of Amendment are already of record in this office.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 105A00072539

## **Articles of Amendment** to Articles of Incorporation

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Ambulatory Anesthesia Services, Inc.		
(Name of corporation as current	tly filed with the Florid	la Dept. of State)
P02000002642		
(Document number	r of corporation (if kno	own)
Pursuant to the provisions of section 607.1006, F adopts the following amendment(s) to its Article		
NEW CORPORATE NAME (if changing):		

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Article V. Initial Officers/Directors
Addition of:
Jill Bavetta, Vice President
Jill Bavetta, Secretary
8917 Silver Lake Dr., Leesburg,FL 34788
Addition of:
Ludwig Bavetta, Treasurer
8917 Silver Lake Dr., Leesburg, FL 34788
(Attach additional pages if necessary)
If an amendment provides for 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
N/A
(continued)

The date of each amendment(s) adoption: 12/31/2005
Effective date if <u>applicable</u> : immediately upon processing date  (no more than 90 days after amendment file date)
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
The amendment(s) was/were approved 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.
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)
Jill Bavetta (Typed or printed name of person signing)
Vice President/Secretary
(Title of person signing)

FILING FEE: \$35