P02000023695

02/09/10 14:08 FAX (941 745 2093 BLALOCK,WALTERS 001

Division of Corporations Page 1 of 1

Florida Department of State
Division of Corporations
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COR AMND/RESTATE/CORRECT OR O/D RESIGN
CARDIOVASCULAR CARE OF SARASOTA, P.A.

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	$52.50

Amend/cc
cus
2/10/10

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Articles of Amendment
to
Articles of Incorporation
of

CARDIOVASCULAR CARE OF SARASOTA, P.A.
(Name of Corporation as currently filed with the Florida Dept. of State)

P02000023695
(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:

_____ *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)
5741 Bee Ridge Rd., Ste 490
Sarasota, FL 34233

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
5741 Bee Ridge Rd., Ste 490
Sarasota, FL 34233

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: Michael K. Barron, MD

New Registered Office Address: 5741 Bee Ridge Rd., Ste 490
(Florida street address)
Sarasota, FL, Florida 34233
(City) *(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.

Michael Barron
Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA

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)

Title	Name	Address	Type of Action
PD	JOHN P. PULEO	5741 Bee Ridge Rd. Suite 320 Sarasota, FL 34233	☐ Add ☑ Remove
PD	MICHAEL K. BARRON	5741 Bee Ridge Rd. Suite 490 Sarasota, FL 34233	☑ Add ☐ Remove
VD	JOHN R. CULP	1921 Waldemere Street Suite 601 Sarasota, FL 34239	☑ Add ☐ Remove

SEE ADDITIONAL OFFICER/DIRECTOR PAGE 4 OF 4

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)

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The date of each amendment(s) adoption: 2/8/10
(date of adoption is required)

Effective date if applicable: 2/9/10
(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 2/9/2010

Signature Michael Barron

(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)

Michael K. Barron, MD
(Typed or printed name of person signing)

President
(Title of person signing)

Fax Audit # (((H10000029216 3)))

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)
Title Name Address Type of Action

Title		Address	Type of Action
STD	N. Mathew Koshy	1921 Waldemere Street Suite 601 Sarasota, FL 34239	ADD