P030000 17656

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 3, 2009

HYPNOS ANESTHESIA SERVICES, INC. 1512 JAMESTOWN DR. CHARLOTTESVILLE, FL 22901

SUBJECT: HYPNOS ANESTHESIA SERVICES, INC.

Ref. Number: P03000077656

SECRETARY OF STATE

We have received your document for HYPNOS ANESTHESIA SERVICES, INGE and your check(s) totaling \$458.75. However, the enclosed document has negtribeen filed and is being returned for the following correction(s):

The name of the above listed entity is no longer available. Please file an amendment changing the name of this entity. The amendment filing fee is \$35.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together with the applicable fees for processing.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Leah R Gable OPS

Letter Number: 109A00007237

ATTN: Amendment Dept.

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Hypno	s Anesthe Sia	Services, Jue
DOCUMENT NUMBER: P03000	71656	
The enclosed Articles of Amendment and fee ar	e submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
<u>Laren Bar</u>	f Contact Person)	
Hepnos Anesth	resia Services &	re.
	Address)	
Charlo Hesvill	e VA 23901 ate and Zip Code)	
For further information concerning this matter, p	please call:	
Karen Barnes (Name of Contact Person)	at (<u>L</u> 3 <u>4</u>) <u>3</u> <u>4</u> <u>5</u> (Area Code & Daytime T	-005)
Enclosed is a check for the following amount ma	ade payable to the Florida Depa	ertment of State:
\$35 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Of

Hypros Anesthesia Services Thesis (Name of Corporation as currently filed with the Florida Dept. of State)

P0300071656

(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 cor	poration:
Hupnos Anesthesic Servil	ces of Virginia, Inc.
The new name must be distinguishable and cont "incorporated" or the abbreviation "Corp.," "Inc.," "Co". A professional corporation name must association," or the abbreviation "P.A."	or Co.," or the designation "Corp," "Inc," or
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	Sarl RESS)
C. Estan para mailing address if applicable.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	same
D. If amending the registered agent and/or registere new registered agent and/or the new registered of	
Name of New Registered Agent:	Sane.
New Registered Office Address:	(Florida street address)
	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. position.	tered Agent: I am familiar with and accept the obligations of the
0:	Same
Signature	of New Registered Agent, if changing

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗖 Add
			☐ Remove
			
		<u> </u>	
			La Remove
			□t ∧dd
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	ding or adding additional Articles, dditional sheets, if necessary). (Be		
	dumonal sheets, if necessary). (De	specific)	· · · · · · · · · · · · · · · · · · ·
			<u> </u>
	mendment provides for an exchang ons for implementing the amendm		
	not applicable, indicate N/A)	ent ii not contained in the an	ichament toett.
-			

, ,					27010
The d	late of each amendment	(s) adoption:		-	3/9/09
Effec	tive date <u>if applicable</u> :			3	3/10/09
Lite	tive date <u>ir appreasie</u> .	(no more than 90 day	rs after amendment fil	e date)	
Adop	tion of Amendment(s)	(<u>CHECK</u>	ONE)		
The by	he amendment(s) was/we y the shareholders was/we	re adopted by the share ere sufficient for appro	cholders. The number	of votes ca	ast for the amendment(s)
	ne amendment(s) was/wei ust be separately provide				
	"The number of votes	cast for the amendmen	t(s) was/were sufficie	nt for appro	oval
	by	(voting group)			
	•	(voting group)			
	he amendment(s) was/we	re adopted by the boar	d of directors without	shareholde	r action and shareholder
	he amendment(s) was/we etion was not required.	re adopted by the inco	rporators without shar	eholder act	ion and shareholder
	Dated				
	(By sele	a director, president of ceted, by an incorporate ointed fiduciary by the	r other officer – if dire or – if in the hands of	ectors or of	ficers have not been
		<u>Karen</u> (Typed o	Barnes r printed name of pers	ン son signing)
		Pusi	dent	1	