

PO3000077656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200144723182

200144723182
03/13/09--01002--001 **35.00

FILED
09 MAR 13 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NC
ARC
3/16



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

RECEIVED
2009 MAR 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HYPNOS ANESTHESIA SERVICES, INC. and your check(s) totaling \$458.75. However, the enclosed document has not been 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

NAME OF CORPORATION: Hypnos Anesthesia Services, Inc.

DOCUMENT NUMBER: P03000077656

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Barnes
(Name of Contact Person)

Hypnos Anesthesia Services, Inc.
(Firm/ Company)

1512 Jamestown Dr.
(Address)

Charlottesville, VA 22901
(City/ State and Zip Code)

For further information concerning this matter, please call:

Karen Barnes at (434) 245-0052
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
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 Circle
Tallahassee, FL 32301

FILED
09 MAR 13 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DA
(State)

703000077656

Page 1 of 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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: 3/9/09

Effective date if applicable: 3/10/09
(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 3/9/09

Signature Karen Barnes, President
(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)

Karen Barnes
(Typed or printed name of person signing)

President
(Title of person signing)