P03000096622

(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:
Gary Scott Advised that Stephen Pyle will be the only officer to be listed. To change title to Director on Document

Office Use Only

Amend/Name Change
(1a, 4/29/04

600033192786

04/23/04--01042--017 **35.00

FILED
04 APR 23 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

FILED
04 APR 23 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Amendment

DOCUMENT NUMBER: P03000096622

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

Please return all correspondence concerning this matter to the following:

Gary L Scott
(Name of Person)

All Saints Anesthesia PA
(Name of Firm/ Company)

P O Box 1626
(Address)

Ocala FL 34478-1626
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Gary L Scott at (352) 873-6808
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☑ $35 Filing Fee

☐ $43.75 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
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FILED
04 APR 23 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

ALL SAINTS ANESTHESIA & PAIN MANAGEMENT, P.A.
(Name of corporation as currently filed with the Florida Dept. of State)

P03000096622
(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:

NEW CORPORATE NAME (if changing):

ALL SAINTS ANESTHESIA, P.A.
(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

Change Mailing address to: P. O. Box 1626
Ocala FL 34478-1626

Change Officers/Directors Detail to:
Stephen T Pyles, Direct
P. O. Box 1626
Ocala FL 34478-1626

(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)

Change registered agent to: Gary L Scott
P. O. Box 1626
Ocala FL 34478-1626

(continued)

I am aware and familiar with the obligations of

The date of each amendment(s) adoption: April 1, 2004

Effective date if applicable: April 1, 2004
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ 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.

Signed this 7th day of April, 2004.

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)

Stephen T Pyles
(Typed or printed name of person signing)

Director
(Title of person signing)

FILING FEE: $35