## P0300013559a

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             | ·           |
| (Ad                     | dress)             | ·           |
| (Cit                    | ry/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | ne)         |
| (Document Number)       |                    |             |
| Certified Copies        | Certificates       | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

Office Use Only



900039995489

08/15/04-01030-003 \*\*35.00

FILED

OL NO 16 M ID 10

SECRETARY OF STATE
ANA SSEE, FLORIDA

ADR 19/04

## **COVER LETTER**

| TO: Amendment Section Division of Corporations                           |                                      |
|--|--------------------------------------|
| NAME OF CORPORATION: Conscious Childb                                    | rth South Inc                        |
| DOCUMENT NUMBER: P03000 1355 92  |                                      |
| The enclosed Articles of Amendment and fee are submitted for filing.     |                                      |
| Please return all correspondence concerning this matter to the following | ng:                                  |
| Laura Houwers (Name of Contact Person)                                   |                                      |
| Conscious Childbirth South (Firm/Company)                                | Juc.                                 |
| 9020 SW 186 Terrace (Address)  | · .                                  |
| Wiaui Fl 33157 (City/ State/ and Zip Code)                               |                                      |
| For further information concerning this matter, please call:             |                                      |
| (Name of Contact Person) at (305) (Area Code &                           | 371-311<br>Daytime Telephone Number) |
| Enclosed is a check for the following amount:                            |                                      |
| \$35 Filing Fee  | Certificate of Status                |
| P.O. Box 6327 409 E. Ga  | nt Section<br>f Corporations         |

| Articles of Amendment  |                                       |
|--|---------------------------------------|
| to Articles of Incorporation   | FILED                                 |
| of 04  | AUG 16 AH 10: 10                      |
| Conscious Childbirth South For (Name of corporation as currently filed with the Florida Dept.  | E MARY OF CT.                         |
|  | TOSEL, FLORIDA                        |
| P03000135592   |                                       |
| (Document number of corporation (if known)   |                                       |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Plorida</i> adopts the following amendment(s) to its Articles of Incorporation:                        | la Profit Corporation                 |
| NEW CORPORATE NAME (if changing):  |                                       |
| Palmetto Bay maternity Center  | . Inc.                                |
| (Must contain the word "corporation," company," or "incorporated" of the abbreviation '(A professional corporation must contain the word "chartered", "professional association, |                                       |
|  |                                       |
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indand/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)   | icate Article Number(s)               |
| 30 104 8   |                                       |
|  | · · ·                                 |
|  | <del></del>                           |
|  | <del></del>                           |
|  |                                       |
|  |                                       |
|  | <del> </del>                          |
|  | · · · · · · · · · · · · · · · · · · · |
|  | <del></del>                           |
|  |                                       |
|  |                                       |
| (Attach additional pages if necessary)   | <del></del>                           |
| If an amendment provides for exchange, reclassification, or cancellation of  | fissued shares, provisions            |
| for implementing the amendment if not contained in the amendment itself:   |                                       |
| D19  |                                       |
|  |                                       |
| <del></del>  |                                       |
| 1  |                                       |

(continued)

| The date of each amendment(s) adoption: 8-1-04  |
|---|
| Effective date if applicable: 8 -1-84   |
| (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 11 day of August, 2004. Signature Lundsonver  |
| (By diffector, 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) |
| Laura Houwers (Typed or printed name of person signing)   |
| President (Title of person signing)   |

FILING FEE: \$35