

P06000071892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

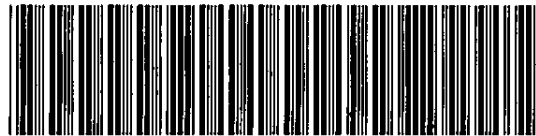
(Business Entity Name)

(Document Number)

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06/02/06--01040--005 **35.00

FILED
06 JUN -2 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

at Amend

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Total Anesthesia Care Inc

DOCUMENT NUMBER: PO6000071892

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

Please return all correspondence concerning this matter to the following:

Bonnie Thomas
(Name of Contact Person)

Direct Business Consulting Inc
(Firm/ Company)

1515 Ridge Wood Ave Ste A
(Address)

Holly Hill FL 32117
(City/ State and Zip Code)

For further information concerning this matter, please call:

Bonnie Thomas at (386) 304-1000
(Name of Contact 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Total Anesthesia Care Inc

(Name of corporation as currently filed with the Florida Dept. of State)

PO6000071892

(Document number of corporation (if known))

06 JUN -2 AM 10:40
STATE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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):

N/A

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

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

Article V Change Registered agent address
to 1515 Ridge wood Ave SEA Holly Hill FL 32117

Article VII Change Levina Connor to
Director: not president

Article VII ADD Terry Moyer
as president of Corp
use same address as Corp
ADDRESS

(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)

N/A

The date of each amendment(s) adoption: 5/26/06

Effective date if applicable: 5/26/06
(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.

Signature [Handwritten 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)

Joe Loquidice
(Typed or printed name of person signing)

Reg agent / Incorporator
(Title of person signing)

FILING FEE: \$35