

P06000088544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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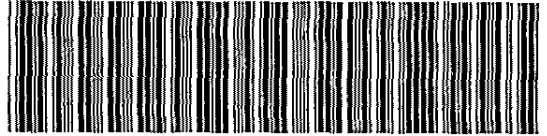
(Business Entity Name)

(Document Number)

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10/09/06--01028--004 \*\*35.00

*Amend*  
*SF*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 OCT -9 AM 9:49

FILED

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** HALEFAX ANESTHESIOLOGY ASSOCIATES, PA

**DOCUMENT NUMBER:** PC60000 88544

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

Please return all correspondence concerning this matter to the following:

DERRICK PAYNE MD  
(Name of Contact Person)

HALEFAX ANESTHESIOLOGY ASSOC PA  
(Firm/ Company)

311 N. CLYDE MORRIS #350  
(Address)

DAYTONA BEACH FL 32114  
(City/ State and Zip Code)

For further information concerning this matter, please call:

DERRICK PAYNE MD at ( 386 ) 255-1266  
(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

FILED

06 OCT -9 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HALIFAX ANESTHESIOLOGY ASSOCIATES, PA  
(Name of corporation as currently filed with the Florida Dept. of State)

PD 60000 88544

(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):**

(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 OFFICERS & DIRECTORS

DAVID LEV, MD PRESIDENT

DERRICK PAYNE, MD V. PRESIDENT, MANAGING PARTNER

RICHARD LIPTON, MD V. PRESIDENT

DAVID FOX, MD V. PRESIDENT

NATHAN RAHMAN, MD V. PRESIDENT

DANIELA HOLLOWAY, MD V. PRESIDENT

EBEL SILVA, MD V. PRESIDENT

(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)

(continued)

**HALIFAX**  
**ANESTHESIOLOGY ASSOCIATES, P.A.**

311 NORTH CLYDE MORRIS BOULEVARD

SUITE 350

DAYTONA BEACH, FLORIDA 32114

Telephone (386) 255-1266

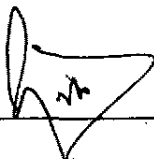
AMENDMENT ADOPTED:

ARTICLE VI REGISTERED AGENT:

DERRICK PAYNE, MD  
311 N. CLYDE MORRIS BLVD #350  
DAYTONA BEACH, FL 32114

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS AMENDMENT, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT OF REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

DERRICK PAYNE, MD



DATE

10/5/2006

The date of each amendment(s) adoption: 7/1/06

Effective date if applicable: 7/1/06  
(no more than 90 days after amendment file date)

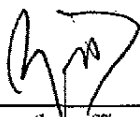
Adoption of Amendment(s) (CHECK ONE)

- ☒ 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

  
(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)

DERRICK PAYNE MD  
(Typed or printed name of person signing)

MANAGING PARTNER  
(Title of person signing)

FILING FEE: \$35