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(Re	questor's Name)		
(Address)			
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(Cit	y/State/Zip/Phone	→ #)	
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ADR 9/2/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION: BAPTIST	PHYSICIAN SERVICES, INC.		
DOCUMENT NUI	MBER: P0900010	1644		
The enclosed Articl	es of Amendment and fee	are submitted for filing.		
Please return all cor	respondence concerning th	nis matter to the following:		
-		oston, Paralegal Name of Contact Person		
		Health System, Inc.		
_		Firm/ Company		
	841 Prud	ential Drive, Ste. 1802		
_		Address		
_	Jacksonvi	lle, Florida 32207		
_		City/ State and Zip Code	<u></u> -	
	missy.pos E-mail address: (to be us	ton@bmcjax.com ed for future annual report notification)		
For further informate	tion concerning this matter	r, please call:		
Missy	Poston	at (904) 202-5010)	
Name o	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check	for the following amount	made payable to the Florida Depart	ment of State:	
□ \$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)	
P.O. Box 63	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle	e	

Tallahassee, FL 32301



Melissa A. Poston Paralegal, Legal Services .841 Prudential Drive Suite 1802 Jacksonville, Florida 32207 Phone: (904) 202-5010 Fax: (904) 202-5002 e-baptisthealth.com Missy.Poston@bmcjax.com

May 3, 2010

Division of Corporations Amendment Section Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re: Name Change - Baptist Physician Services, Inc.

Dear Sir/Madam:

Enclosed please find the Articles of Amendment to Articles of Incorporation for Baptist Physician Services, Inc. The amendment changes the corporation's name to Baptist Physician Enterprise Services, Inc. Thank you.

Very truly yours,

Melissa A Poston

/mp

Articles of Amendment to Articles of Incorporation

FILED

Ar	Articles of Incorporation . of		FILED	
Baptist Physic	ian Services,	Inc.	2010 SEP 21	PH 48.34
(Name of Corporation as current	ly filed with the Flo	orida Dept. of Stat	e cacecrees	ರಾಜ್ ನಿಂತಪಾರಿಗಳು
700000101644			SECRETARY TALLAHASSE	
P0900101644	er of Corporation (if	known)		
Pursuant to the provisions of section 607.1006,	•	•	Corporation adop	ts the following
amendment(s) to its Articles of Incorporation:				
A. If amending name, enter the new name of the	<u>1e corporation:</u>			
Baptist Physician Enterprise Se	rvices, Inc.			The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "profes	esignation "Corp," '	"Inc," or "Co". A	professional co	
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET.				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	: BOX)			
		<u> </u>		•
				•
D. If amending the registered agent and/or reg new registered agent and/or the new register		ss in Florida, ente	er the name of th	<u>ie</u>
Name of New Registered Agent:			-	
	(Florida stre	pet address)	-	
New Registered Office Nauress.	(2 10/144 31/6	.c. uuur cssy		
			, Florida	
	(City)	(Zip	Code)	
New Registered Agent's Signature, if changing				
I hereby accept the appointment as registered age	nt. I am familiar wi	th and accept the c	bligations of the	position.
Sigi	nature of New Regist	ered Agent, if char	nging	

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) **Name** <u>Address</u> **Type of Action** ☐ Add ☐ Remove ☐ Add ☐ 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: Hpn 24, 2010
(date of adoption is required)
Effective date if applicable: (no more than 90 days after amendment file date)
(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"
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 April 26,2010 Signature Gare 1 Mall
Signature Pare 1 Mail
(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)
(Typed or printed name of person signing)
(Title of person signing)