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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Sand Hill Anesthe	sia Providers, P.A.	
DOCUMENT NUME	P17000010689		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Lisa Shults		
		Name of Contact Person	<u> </u>
	Corporate Direct, Inc.		
	· • · • · • · • · • · • · • · • · • · •	Firm/ Company	
	2248 Meridian Blvd., Ste. H		
		Address	_
	Minden, NV 89423		
		City/ State and Zip Cod	e
LSHU	JLTS@CORPORATEDIREC	CT.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Lisa Shults		775 at (284-7167
Name o	of Contact Person	······································	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

Sand Hill Anesthesia Providers, P.A.

(Name of Corporation	on as currently filed with the Florida Dept. of State)
P17000010689	
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
	The new discorporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>Y</u>)
D. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent	
The state of the s	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent.	i <mark>stered Agent:</mark> I am familiar with and accept the obligations of the position.
Signe	ature of New Revistered 40ent if chanving

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT Jo	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	SEC	Jackie L. Cook	2412 Adelphi Ave.
Add			The Villages, FL 32162
X Remove			
2) Change	TREA	Jackie L. Cook	2412 Adelphi Ave.
Add			The Villages, FL 32162
x Remove			
3) Change	SEC	Frederick J. Cook	2412 Adelphi Ave.
x Add			The Villages, FL 32162
Remove			
4) Change	Trea	Frederick J. Cook	2412 Adelphi Ave.
x Add			The Villages, FL 32162
Remove			
5) Change			-
Add			
Remove			
6) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

Attach additional sheets, if necessary),	eles, enter change(s) here: (Be specific)		
			
			
		_	
f an amendment provides for an exch provisions for implementing the ame	inge, reclassification, or car	icellation of issued shares, ie amendment itself:	
(if not applicable, indicate N/A)			
			

The date of each amendment(s) a late this document was signed.	doption:	if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendufficient for approval.	dment(s)
	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment(
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and sha	reholder
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareho	lder
07/14/201 Dated	7	
Signature	Frek J Carlo	
select	director, president or other officer – if directors or officers have no ed. by an incorporator – if in the hands of a receiver, trustee, or oth nted fiduciary by that fiduciary)	
	Frederick J. Cook	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	