

P93000079168

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RECEIVED  
10 MAY -3 AM 10:41  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2010 MAY -3 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*DR*  
*5/3/10*



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 370563 80745A

AUTHORIZATION :

COST LIMIT : \$ PPD

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ORDER DATE : May 3, 2010

ORDER TIME : 9:41 AM

ORDER NO. : 370563-005

CUSTOMER NO: 80745A  
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DOMESTIC AMENDMENT FILING

NAME: PHYSICIANS AMBULATORY SURGERY  
CENTER, INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER'S INITIALS: \_\_\_\_\_

Articles of Amendment  
to  
Articles of Incorporation  
of

PHYSICIANS AMBULATORY SURGERY CENTER, INC.

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

P93000079168

(Document Number of Corporation (if known))

FILED  
2010 MAY -3 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

**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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P/D</u>	<u>Gregory A. Parr, M.D.</u>	<u>300 Clyde Morris Blvd.</u> <u>Suite A</u> <u>Ormond Beach, FL 32174</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP/D</u>	<u>Mark A. Riner, M.D.</u>	<u>300 Clyde Morris Blvd.</u> <u>Suite A</u> <u>Ormond Beach, FL 32174</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>S/D</u>	<u>Bert M. Morrow, M.D.</u>	<u>300 Clyde Morris Blvd.</u> <u>Suite A</u> <u>Ormond Beach, FL 32174</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>T/D</u>	<u>Arun K. Dhand, M.D.</u>	<u>300 Clyde Morris Blvd., Suite A</u> <u>Ormond Beach, FL 32174</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

(attach additional sheets, if necessary). (Be specific)

Article III Shares is hereby amended to read as follows:

"The Capital Stock of this Corporation shall consist of One Hundred (100)  
Shares of Common Stock having a par value of Five Dollars (\$5.00) per  
Share. Outstanding Shares on the date of this Amendment shall be  
exchanged for the equivalent amount of newly issued Shares. The  
Officers are directed to exchange and reissue the Shares effective the  
date of this Amendment."

**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)

See Paragraph E above.

The date of each amendment(s) adoption: April 22, 2010  
(date of adoption is required)

Effective date if applicable: April 22, 2010  
(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 \_\_\_\_\_."  
(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 22, 2010

Signature Gregory A. Parr  
(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)

Gregory A. Parr, M.D.  
(Typed or printed name of person signing)

President  
(Title of person signing)