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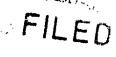
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<b>'</b>				
ACCOUNT NO.	: 12000000195			
REFERENCE	: 370563 80745A			
AUTHORIZATION	:			
COST LIMIT	: \$ PPD			
ORDER DATE : May 3, 2010				
ORDER TIME : 9:41 AM				
ORDER NO. : 370563-005				
CUSTOMER NO: 80745A				
DOMESTIC AMENDMENT FILING				
NAME: PHYSICIANS AMBULATORY SURGERY CENTER, INC.				
EFFECTIVE DATE:				
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION				
PLEASE RETURN THE FOLLOWING AS 1	PROOF OF FILING:			
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STAI	NDING			
CONTACT PERSON: Carina L. Dunla	ap EXT# 2951			
1	EXAMINER'S INTTIALS.			

## **Articles of Amendment** to **Articles of Incorporation** of



2010 MAY -3 MM 1: 1:3 PHYSICIANS AMBULATORY SURGERY CENTER, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA (Name of Corporation as currently filed with the Florida Dept. of State)

]	P93000079168		JULL, FLORI
(Document Num	ber of Corporation (if known	own)	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this F	Torida Profit Corporation ac	lopts the follow
A. If amending name, enter the new name of	the corporation:		
			The new
name must be distinguishable and contain tabbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "In	c," or "Co". A professiona	
B. Enter new principal office address, if appl (Principal office address <u>MUST BE A STREE</u>	licable: T ADDRESS )		<del></del>
(1op.a. 0,9.00 and 000 <u>oo.</u>	· · · · · · · · · · · · · · · · · · ·		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
D. If amending the registered agent and/or r	egistered office address	in Florida, enter the name o	 f the
new registered agent and/or the new regis		in Florida, enter the hume o	
Name of New Registered Agent:		<del></del>	
New Registered Office Address:	(Florida street	address)	
	(2 15) 100 00 00	,	
	(City)	, Florida (Zip Code)	
Non-Positional Assessance (Company)	D! A		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a		and accept the obligations of	the position.
· · · · · · · · · · · · · · · · · · ·	-	-	
	ianature of New Registers	ed 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>	Address	Type of Action	
P/D_	Gregory A. Parr, M.D.	3 <u>00 Clyde Morris Blvd.</u> Suite A Ormond Beach, FL 32174	☐ Remove	
VP/D	Mark A. Riner, M.D.	300 Clyde Morris Blvd. Suite A Ormond Beach, FL 32174	☐ Remove	
S/D_	Bert M. Morrów, M.D.	300 Clyde Morris Blyd. Suite A	☐ Remove	
T/D_	Arun K. Dhand, M.D.	Ormond Beach, FL 32174 300 Clyde Morris Blvd., Ormond Beach, FL 32174	SuiterA X Add	
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  Officiers 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 amend	ment(s) adoption:April 22, 2010.
	(date of adoption is required)
Effective date <u>if applical</u>	
	(no more than 90 days after amendment file date)
• • • • • • • • • • • • • • • • • • •	
Adoption of Amendmen	t(s) ( <u>CHECK ONE</u> )
	s/were adopted by the shareholders. The number of votes cast for the amendment(s) as/were sufficient for approval.
	s/were approved by the shareholders through voting groups. The following statement ovided for each voting group entitled to vote separately on the amendment(s):
"The number of v	otes cast for the amendment(s) was/were sufficient for approval
by	."
<u> </u>	(voting group)
action was not require	
The amendment(s) wa action was not require	s/were adopted by the incorporators without shareholder action and shareholder d.
Dated_ Signatu	April 22, 2010
515.14.4	(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)
	(Typed of printed name of potoon organis)
	President
	(Title of person signing)