P9200005940

(Re	questor's Name)	
(Ad	dress)	
(
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
•	•	,
(Do	cument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500136722045

Morre Change

10/09/08--01021--015 **35.00

ZOOR DEC -8 PH IN 36
SECRETARY OF STATE

400789, 02544, 000976, 00671

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORI	PORATION: St. Andrew	Drug Company, Inc.	a
DOCUMENT NU	MBER: <u>P9800000594</u>		
The enclosed Artic	cles of Amendment and fee a	e submitted for filing.	
Please return all co	orrespondence concerning the	matter to the following:	
	William M	Blackshear, Jr., M.D.	
	(Name	f Contact Person)	
		ndrews Company	
	(Fi	n/ Company)	
	107 \	/indward Island	
		Address)	
****		ater, FL 33767	
For further informa	City/ S ation concerning this matter,	ate and Zip Code)	
William M. Black	shear, Jr., M.D.	at (727) 896-81	49
	e of Contact Person)		e Telephone Number)
Enclosed is a chec	k for the following amount n	ade payable to the Florida De	partment of State:
☑\$35 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)
Mailing A		Street Address Amendment Section	
Division of	Corporations	Amendment Section Division of Corporations	
P.O. Box 6	327	Clifton Building	
Tallahassee	e, FL 32314	2661 Executive Center C Tallahassee, FL 32301	Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 16, 2008

William M. Blackshear Jr., M.D. The St. Andrews Company 107 Windward Island Clearwater, FL 33767

SUBJECT: ST. ANDREW DRUG COMPANY, INC.

Ref. Number: P98000005940

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L07000039910.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Letter Number: 408A00054038

Annette Ramsey Regulatory Specialist II

Division of Cornerations - P.O. BOX 6327 -Tallahassee Florida 32314

Articles of Amendment

Articles of Incorporation |

St. Andrew Drug Compar	y, inc.
(Name of Corporation as currently filed with t	he Algrida Dept of Make)
P98000005940 ^{T/}	ALLAHASSEE FLORIDA
(Document Number of Corporati	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statut following amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the
A. If amending name, enter the new name of the corporation	<u>n:</u>
THE St. Andrews General Egio, Ties, Inc.	
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co. "Co". A professional corporation name must contain association," or the abbreviation "P.A."	," or the designation "Corp," "Inc," or
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	same
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade	
Name of New Registered Agent:	
New Registered Office Address: (Flori	da street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	gent:
I hereby accept the appointment as registered agent. I am position.	
Signature of New	Registered Agent, if changing

<u> Citle</u>	Name	Address	Type of Action
<u>Citle</u>	<u>Name</u>	Address	Type of Action
 -			
			☐ Add
			D Damaya
			Add
			m n
			
			□ Add
			D Pomovo
	<u>ing or adding additional Articles, en</u>		
(attach add	ditional sheets, if necessary). (Be sp	ecific)	,

		•	
·		<u>,,, -, -,</u>	
. If an am	endment provides for an exchange,	raclassification or concollat	ion of issued shows
provisio	ns for implementing the amendment	if not contained in the ame	ndment itself:
(if no	ot applicable, indicate N/A)		
V/A			
<u> </u>			
	· · · · · · · · · · · · · · · · · · ·		
			
·. · ·			

The date of each amendment(s) adoption: October 1, 2008		
Effective date if applicable: October 10, 2008.		
(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 statemed 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 October 2, 2008		
Signature What What Woulded have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court		
appointed fiduciary by that fiduciary)		
William M. Blackshear, Jr., M.D. (Typed or printed name of person signing)		
President		
(Title of person signing)		