

P98000055813

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000252812 3)))



H120002528123ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : BATAINEH LAW GROUP PLLC
Account Number : I20100000063
Phone : (904) 683-2561
Fax Number : (904) 683-2635

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: MBATAINEH@BATAINEHLAW.COM

FILED
2012 NOV - 1 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
HOSPITAL SPECIALISTS, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

RECEIVED

12 NOV - 1 AM 8:03

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DR
11/1/12

H12000252812.3

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HOSPITAL SPECIALISTS, P.A.

DOCUMENT NUMBER: P98000055813

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MOHAMMAD BATAINEH

Name of Contact Person

BATAINEH PALMERI, LLP

Firm/ Company

1200 RIVERPLACE BLVD., SUITE 705

Address

JACKSONVILLE, FL 32207

City/ State and Zip Code

MBATAINEH@BATAINEHLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOHAMMAD BATAINEH

Name of Contact Person

at (904) 683-2590

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

H12000252812.3

Articles of Amendment
to
Articles of Incorporation
of

FILED

H12000252812 3

2012 NOV -1 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HOSPITAL SPECIALISTS, P.A.

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

P98000055813

(Document Number of Corporation (if known))

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

MOHAMMAD R. BATAINEH

1200 RIVERPLACE BLVD., STE 705

(Florida street address)

New Registered Office Address:

JACKSONVILLE

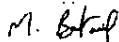
(City)

Florida 32207

(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.



Digitally signed by Mohammed Bataineh
DN: cn=Mohammed Bataineh, o=HLP,
email=mrbataineh@hlp.com, serial=

Date: 2012.10.16 16:03:36 -0400

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: H12000252812.3

(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.

Example:

☒ Change PT John Doe
☐ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	PD	ATEEQUE KHAN, M.D.	3659 EASTBURY DRIVE JACKSONVILLE, FL 32224
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	PSTD	NASRULLAH GHAFOR, M.D.	4466 SWILCAN BRIDGE LANE NORTH JACKSONVILLE FL 32224
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

H12000252812 3

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)

H12000252812 3

H12000252812 3

The date of each amendment(s) adoption: 10/18/2012

Effective date if applicable: _____

(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 10/18/2012

Signature _____

(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)

NASRULLAH GHAFOR

(Typed or printed name of person signing)

PRESIDENT/DIRECTOR

(Title of person signing)