

P 99000071854

**JACOBSON, COHEN & COHEN, P.A.**

ATTORNEYS AT LAW

800 NW 62<sup>nd</sup> Street Suite 200 Fort Lauderdale, FL 33309  
Phone: (954) 491-6444 Fax: (954) 491-6586 Toll Free in Florida: 1-800-843-0226  
Internet: <http://www.jacobson-cohen.com>

Stephen J. Cohen

Daniel E. Jacobson

Steven E. Cohen

August 20, 1999

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

600002967326--0  
-08/23/99-01145-016  
\*\*\*\*\*43.75 \*\*\*\*\*43.75

Re: Amendment of Name

To Whom It May Concern:

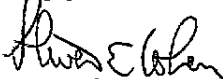
Enclosed please find the information to amend the articles of incorporation of our recently filed corporation.

Prior corporation: Ambulatory Anesthesia Affiliation Corp.

New Name: Ambulatory Anesthesia Affiliates P. A.

I have enclosed a check payable to the Department of State for \$43.75 for the filing fee and a certified copy of the amendment. Thank You

Very truly yours,

  
Steven E. Cohen

NC Amend  
9-9-99  
BWS

**FILED**  
99 SEP -7 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# JACOBSON, COHEN & COHEN, P.A.

## ATTORNEYS AT LAW

800 NW 62<sup>nd</sup> Street Suite 200 Fort Lauderdale, FL 33309  
Phone: (954) 491-6444 Fax: (954) 491-6586 Toll Free in Florida: 1-800-843-0226  
Internet: <http://www.jacobson-cohen.com>

Stephen J. Cohen

Daniel E. Jacobson

Steven E. Cohen

September 2, 1999

Florida Department of State  
Letter Number: 399A00043154  
Attention Doug Spitler

Subject: Ambulatory Anesthesia Affiliation Corp.  
Reference No.: P99000071854


FILED  
99 SEP - 7 AM 10: 10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Mr. Spitler;

In reply to Letter Number 399A00043154 I would advise you that the nature of the business is a medical practice that involves the application of anesthesia. The professional service will be to provide anesthesia to ambulatory surgical centers which specialize in out patient procedures.

Should you need additional information please feel free to contact me at your convenience.

Very truly yours,



Steven E. Cohen



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

August 30, 1999

JACOBSON, COHEN & COHEN, P.A.  
ATTN: STEVEN E. COHEN  
800 NW 62ND STREET, SUITE 200  
FORT LAUDERDALE, FL 33309

SUBJECT: AMBULATORY ANESTHESIA AFFILIATION CORP.  
Ref. Number: P99000071854

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 SEP -7 AM 10:10

FILED

We have received your document for AMBULATORY ANESTHESIA AFFILIATION CORP. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

When changing the name of a corporation filed pursuant to chapter 607, Florida Statutes, to that of a professional service corporation filed pursuant to chapter 621, Florida Statutes, the nature of business must also be added or changed to specifically indicate what type of professional service the corporation will be rendering.

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) 487-6957.

Doug Spittler  
Document Specialist

Letter Number: 399A00043154

DIVISION OF CORPORATIONS

99 SEP -7 AM 8:39

RECEIVED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 SEP - 7 AM 10:10

**FILED**

Ambulatory Anesthesia Affiliation Corp.  
(present name)

*Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST:** Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

The name of the corporation is being amended to be:

AMBULATORY ANESTHESIA AFFILIATES P.A.

In reply to Letter Number 399A00043154 I would advise you that the nature of the business is a medical practice that involves the application of anesthesia. The professional service will be to provide anesthesia to ambulatory surgical centers which specialize in out patient procedures.

**SECOND:** 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, are as follows:

**THIRD:** The date of each amendment's adoption: August 20, 1999.

**FOURTH: Adoption of Amendment(s) (CHECK ONE)**

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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.

Signed this 20 day of August, 19 99.

Signature



(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

STEVEN E. COHEN, ESO.

Typed or printed name

REGISTERED AGENT/INCORPORATOR

Title