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Requester's Name

LAW OFFICES
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment *n/c*
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

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CERTIFICATE OF AMENDMENT
OF
ARTICLES OF INCORPORATION
OF
PALM BEACH ENDOSCOPY CENTER, INC.

Palm Beach Endoscopy Center, Inc., a corporation organized and existing under and by virtue of the laws of the State of Florida, does hereby certify that all of the shareholders of said corporation, by unanimous written action in lieu of a meeting duly adopted the following Amendment to its Articles of Incorporation effective the 19th day of September, 2001.

1. Article I - Name of the Articles of Incorporation is amended to read in its entirety as follows:

The name of this corporation is Waterside Ambulatory Surgical Center, Inc.

2. The Amendment effected herein was authorized by the shareholders entitled to vote thereon pursuant to the laws of the State of Florida by written action in lieu of a meeting.

3. This Amendment is effective September 19, 2001.

IN WITNESS WHEREOF, Palm Beach Endoscopy Center, Inc., through its duly authorized officers, has executed this Articles of Amendment this 19th day of September, 2001.

PALM BEACH ENDOSCOPY CENTER, INC.

(CORPORATE SEAL)

By: Steven Krumholz
Steven Krumholz, President

ATTEST:

Steven Krumholz
STEVEN KRUMHOLZ, Secretary

STATE OF FLORIDA)
)SS.
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 19th day of _____, 2001, by Steven Krumholz, as President, and Steven Krumholz, as Secretary, of Palm Beach Endoscopy Center, Inc., on behalf of said corporation. He is personally known to me or has produced _____ as identification.



M. Timothy Hanlon
Notary Public

Notary Public Printed
My Commission Number:
My Commission Expires: