

PO1000045127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

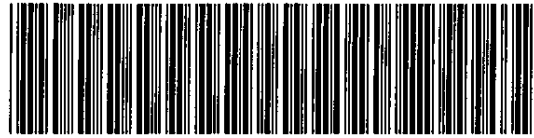
(Business Entity Name)

(Document Number)

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*Amend
Tewis*

FILED
06 JUL 10 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/10/06--01015--025 **35.00

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: L.A.D. ANESTHESIA INC

DOCUMENT NUMBER: PO1000045127

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

Please return all correspondence concerning this matter to the following:

Deborah A. Reynolds
(Name of Contact Person)

L.A.D. ANESTHESIA INC
(Firm/ Company)

6305 Estates DRIVE
(Address)

North Port, FL 34286
(City/ State and Zip Code)

For further information concerning this matter, please call:

Deborah Reynolds at (941) 726-1255
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$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

Articles of Amendment
to
Articles of Incorporation
of

L.A.D. ANESTHESIA INC.

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

FILED
06 JUL 10 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PO10000 45127

(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:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

CHANGE MAILING + PRINCIPAL ADDRESS to: 6305 Estates Drive
North Port, FL 34286

change Registered Agent to: Deborah A Reynolds
6305 Estates Drive
North Port, FL 34286
John W MCKENNEY JR - Delete as
registered Agent.

Delete JOHN W. McKinney AS SECRETARY

ADD Deborah A Reynolds AS SECRETARY

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: 7/6/06

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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

The amendment(s) was/were approved 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.

Signature Deborah A Reynolds
(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)

Deborah A Reynolds
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35