

P08000002728

Florida Department of State
Division of Corporations
Public Access System

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.

(((H09000048485 3)))



H090000484853ABC6

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 : YOUR CAPITAL CONNECTION, INC.
Account Number : 120000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

COR AMND/RESTATE/CORRECT OR O/D RESIGN

YOUR TRAVEL NEEDS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED
2009 MAR -3 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
09 MAR -3 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.COULLETTE
N.C.

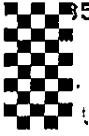
Electronic Filing Menu

Corporate Filing Menu 4 2009

Help

EXAMINER

850-617-6381



March 3, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

YOUR TRAVEL NEEDS, INC.
1605 BASSETT RD.
JACKSONVILLE, FL 32208

SUBJECT: YOUR TRAVEL NEEDS, INC.
REF: P0800000272B

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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 #L08000038120 / 1ST CHOICE MEDICAL SERVICES, LLC.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

FAX Aud. #: H09000048485
Letter Number: 809A00007226

P.O BOX 6327 -- Tallahassee, Florida 32314

1st Choice Medical Services, LLC

95770 Amelia Concourse #352

Fernandina Beach, FL 32034

To Whom This May Concern:

I, Dominic Brown (Managing Member of 1st Choice Medical Services, LLC), hereby, give permission to Your Travel Needs, Inc. to make an ammendment to it's corporation name by changing it's corporation name to 1st Choice Medical Services, Inc. Should there be any questions on concerns, I may be reached at (904) 849-7197 x 711

Sincerely,



Dominic Brown

Managing Member

1st Choice Medical Services, LLC

(904) 849-7197 x 711 (Direct)

(904) 849-7204 (Fax)

dbrown@1stchoicemed.com

Articles of Amendment
to
Articles of Incorporation
of

Your Travel Needs, Inc.

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

PO8000002728

(Document Number of Corporation (if known))

FILED
09 MAR -3 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

1st Choice Medical Services, Inc.

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:

6586 Hwy 40 East #B7 PMB 248

(Principal office address **MUST BE A STREET ADDRESS**)

St. Mary's, GA 31558

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

6586 Hwy 40 East #B7 PMB 248

St. Mary's, GA 31558

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: _____

New Registered Office Address: _____

(Florida street address)

_____, Florida
(City) (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.

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:
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Pres</u>	<u>Dominic Brown</u>	<u>6586 Hwy. 40 East #B-7 PMB 24</u> <u>St. Marys, GA 31558</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Vice P</u>	<u>Eurachel Brown</u>	<u>6586 Hwy. 40 East #B-7 PMB 24</u> <u>St. Marys, GA 31558</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>P-D</u>	<u>Eurachel Brown</u>	<u>4261 Victoria Lakes Dr. W</u> <u>Jacksonville, FL 32226</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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)

The date of each amendment(s) adoption: 3-2-2009

Effective date if applicable: 3-2-2009
(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 3-2-2009

Signature Dominic Brown
(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)

Dominic Brown
(Typed or printed name of person signing)

President
(Title of person signing)