

P08000002728

Florida Department of State

AMENDMENT Division of Corporations
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To:

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

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

FILED
09 SEP -3 AM 10: 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

AMND/RESTATE/CORRECT OR O/D RESIGN

1ST CHOICE MEDICAL SERVICES, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

Amend

Florida Department of State
Division of Corporations

Articles of Amendment
to
Articles of Incorporation
of

Florida Department of State
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP 13 AM 10:33

FILED

1st Choice Medical Services, Inc
(Name of Corporation as currently filed with the Florida Dept. of State)
P08000002728
(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)

463237 State Road 200
Yulee, FL 32097

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4645 Hunt Street
Jacksonville, FL 32254

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)

(City) Florida (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, list the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added;

If amending the Officers and/or Directors, list the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added;

| Title | Name | Address | Type of Action |
|-----------|-----------------------|--|--|
| <u>P</u> | <u>Dominic Brown</u> | <u>4645 Hunt Street</u> <u>Jacksonville, FL 32254</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>VP</u> | <u>Eurachel Brown</u> | <u>4645 Hunt Street</u> <u>Jacksonville, FL 32254</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>M</u> | <u>Paulette Bell</u> | <u>463237 State Road</u> <u>Yule, FL 32097</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |

update address

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

Blank lines for amending or adding additional Articles.

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)

Blank lines for provisions for implementing the amendment.

~~The date of each amendment(s) adopted by Director being removed and title, name and address (date of removal) Director being added: removed a~~
 Effective date if applicable: 9/3/09 (no more than 90 days after amendment file date) Effective date if applicable

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 9/3/09

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)