

P99000013297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

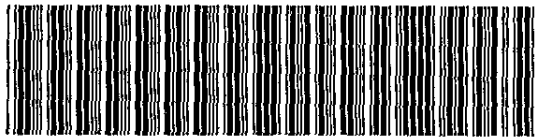
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T BROWN NOV 30 2004

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MODULAR MEDICAL, INC.

DOCUMENT NUMBER: P99000013297

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

Please return all correspondence concerning this matter to the following:

GIL ADORNO

(Name of Contact Person)

MODULAR MEDICAL, INC.

(Firm/ Company)

10921 N. DALE MABRY HWY.

(Address)

TAMPA, FL. 33618

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

GIL ADORNO

(Name of Contact Person)

at (813) 908-6678

(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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 17, 2004

GIL ADORNO
MODULAR MEDICAL, INC.
10921 N. DALE MABRY HWY.
TAMPA, FL 33618

SUBJECT: MODULAR MEDICAL, INC.
Ref. Number: P99000013297

We have received your document for MODULAR MEDICAL, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

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) 245-6869.

Teresa Brown
Document Specialist

Letter Number: 004A00055180

Articles of Amendment
to
Articles of Incorporation
of

FILED
04 NOV 29 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MODULAR MEDICAL, INC.

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

P99000013297

(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):

DOCTORS R US WALK-IN CLINIC, INC.

(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)**

(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)

N/A

(continued)

The date of each amendment(s) adoption: 9/3/2004

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

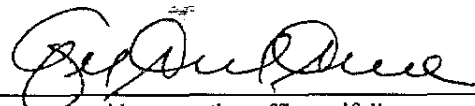
Adoption of Amendment(s) **(CHECK ONE)**

- 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.

Signed this 3 day of SEPTEMBER, 2004.

Signature 
(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)

GIL ADORNO
(Typed or printed name of person signing)

PRESIDENT / CEO
(Title of person signing)

FILING FEE: \$35