Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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From:

Account Name : CORPORATION SERVICE COMPANY

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COR AMND/RESTATE/CORRECT OR O/D RESIGN ELMED/GAMMATECH INTERNATIONAL, INC.

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September 2, 2011

FLORIDA DEPARTMENT OF STATE

ELMED/GAMMATECH INTERNATIONAL, INC. 3956 TOWN CENTER BLVD SUITE 217 ORLANDO, FL 32837

SUBJECT: ELMED/GAMMATECH INTERNATIONAL, INC.

REF: P98000071535

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.

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Teresa Brown Regulatory Specialist II FAX Aud. #: H11000217366 Letter Number: 111A00020495

P.O BOX 6327 - Tallahassee, Florida 32314

3/005

Fax Server

ALANGER TO SERVICE STORY

Articles of Amendment Articles of Incorporation

ELMED/GAMMATECH INTERNATIONAL, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P98000071535

(Document Number of Corporation (if known)

Pursuent to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following

ELMED MED	DICAL SYSTEMS, INC.	The no
me must be distinguishable and contain breviation "Corp.," "Inc.," or Co.," or the une must contain the word "chartered," "pro	e designation "Corp," "Inc," or "Co".	A professional corporation
Enter new principal office address, if apprincipal office address MUST BE A STREE	plicable: ET ADDRESS)	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
(Malling address MAY BE A POST OFF) If amending the registered agent and/or	registered office address in Florida, e	nter the name of the
(Malling address MAY BE A POST OFF	registered office address in Florida, e	nter the name of the
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, e	nter the name of the
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new registered Agent:	registered office address in Florida, endstered office address: (Florida street address)	nter the name of the , Florida

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	E. If amer	ading or adding additional Articles, en	ter change(s) here:				
	(astach	additional sheets, if necessary). (Be sj	pecific)				

				~~~~~~			
	F. If an amendment provides for an exchange, reclassification, or cancellation of issued shar						
		provisions for implementing the amendment if not contained in the amendment itself;					
	provi						
	provi	not applicable, indicate NA)					
	provi	not applicable, indicate NA)					
	provi	not applicable, indicate NA)					
	provi	not applicable, indicate NA)					
	provi	not applicable, indicate NA)					
	provi	not applicable, indicate NA)					
	provi	not applicable, indicate NA)					
	provi	not applicable, indicate NA)					

The date of each amendment(s	adoption: August 7, 2011
•	(date of adoption is required)
Effective date if applicable:	
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	15
(	(voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholde
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated Augu	st 7, 2011
selec	a director, president or other officer - if directors or officers have not been cted, by an incorporator - if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)
	Axel G. Lopez
	(Typed or printed name of person signing)
	President
	(Title of person signing)