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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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+ CUS
10/9/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Allied Health Group, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F03000003818

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

S. Papoulis

(Name of Contact Person)

Medical Doctor Associates, LLC

(Firm/Company)

6551 Park of Commerce Blvd

(Address)

Boca Raton, FL 33487

(City/State and Zip Code)

For further information concerning this matter, please call:

S. Papoulis

(Name of Contact Person)

at (800) 440-5641

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
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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

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F03000003818

(Document number of corporation (if known))

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Allied Health Group, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Georgia

(Incorporated under laws of)

3. 7/28/03

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 9/9/08

5. Crystal A, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Michael Pretiger

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Michael Pretiger

(Typed or printed name of person signing)

Chief Financial Officer

(Title of person signing)

STATE OF GEORGIA

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT NAME CHANGE

I, **Karen C Handel**, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

ALLIED HEALTH GROUP, INC.

a Domestic Profit Corporation

has filed articles/certificate of amendment in the Office of the Secretary of State on **09/09/2008** changing its name to

CRYSTAL A, INC.

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on September 9, 2008



Karen C Handel
Secretary of State