## N07000004389

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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
/m;	SMAN			
NAME OF CORPORATION: Medical Support Services, Inc.				
DOCUMENT NUMBER: N070000043	389			
The enclosed Articles of Amendment and i	fee are submitted for filing.			
Please return all correspondence concerning	g this matter to the following:			
Bruce Kadoura				
(Name	of Contact Person)			
Kadoura & Co., LLC				
·	irm/ Company)			
P.O. Box 66758				
	(Address)			
St. Pete Beach, Florida 33	3736			
(City/	State and Zip Code)			
For further information concerning this ma	tter, please call:			
Bruce Kadoura	at ( 727 ) 388-4153			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amou	ent:			
□ \$35 Filing Fee □ \$43.75 Filing Fee Certificate of State				
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			

## Articles of Amendment to Articles of Incorporation of

(Attach additional pages if necessary) (continued)

The date of adoption of the amendment(s) was: January 7, 2008			
Effective date if applicable: January 7, 2008			
(no more than 90 days after amendment file date)			
Adoption of Amendment(s) (CHECK ONE)	SEC	, 80.	بر
☐ The amendment(s) was (were) adopted by the members and the number for the amendment was sufficient for approval.	RETARY AHASSE	s Tast	
There are no members or members entitled to vote on the amendment. T amendment(s) was (were) adopted by the board of directors.	OF STATE	PH 2: 46	
Signature  (By the chairman or vice chairman of the board, president or other officer- if directly have not been selected, by an incorporator- if in the hands of a receiver, trustee, other court appointed fiduciary, by that fiduciary.)			
Bruce Kadoura			
(Typed or printed name of person signing)			
President			
(Title of person signing)			

FILING FEE: \$35