

P00000095683

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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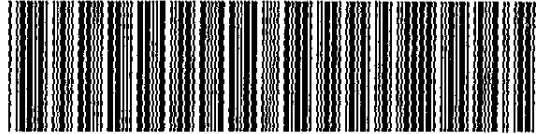
(Business Entity Name)

(Document Number)

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Amend

12/26/03--01002--014 **35.00

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03 DEC 28 AM 9 28
DIVISION OF REGULATION

FILED
03 DEC 29 AM 8 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*AR
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**00789, 00664, 00672*

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. SUPERIOR MEDICAL BILLING, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 26, 2003

Lazarus Corporate Filing Service
3320 S.W. 87 Avenue
Miami, FL

SUBJECT: SUPERIOR MEDICAL BILLING, INC.
Ref. Number: P00000095683

We have received your document for SUPERIOR MEDICAL BILLING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The word "initial" or "first" should be removed from the article regarding directors, officers, and/or registered agent, unless these are the individuals originally designated at the time of incorporation.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Document Specialist

Letter Number: 703A00068819

Articles of Amendment to
Articles of Incorporation for
Superior Medical Billing, Inc.

FILED

03 DEC 29 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, **Superior Medical Billing, Inc.** adopts the following amendments to its articles of incorporation:

Amendments Adopted-

Article # VI

The Street Address of the principal office of this corporation in the State of Florida is:
SUPERIOR MEDICAL BILLING, INC
3382 SW 153 Place
Miami, Fl. 33185

Article # VII

~~The~~ Registered Agent for the Corporation is:
SHEYLAH MOLA
3382 SW 153 Place
Miami, Fl. 33185

Article # VIII

The name, address and age of the incorporator of this corporation at this time is:

<u>NAME</u>	<u>ADDRESS</u>	<u>AGE</u>
Nancy Miret	4080 SW 139 th Ave. Miramar, Fl. 33027	36

Article # XI

The name and post office address of the current Board of Directors and Officers is:


<u>NAME:</u>	<u>ADDRESS AND OFFICE:</u>
Sheylah Mola	3382 SW 153 Place Miami, Fl. 33185 Director, President, Treasurer
Melanie Camacho	3382 SW 153 Place Miami, Fl. 33185 Vice President & Secretary

The date of adoption is December 22, 2003.

The Amendments were approved by the shareholders. The number of votes cast for the amendments by the shareholders were sufficient for approval.

Signed this 22-day of December of 2003.

Signature



Sheylah Mola
President/Director

ACCEPTANCE OF REGISTERED AGENT

Having been named as Registered Agent to accept service of process for Superior Medical Billing, Inc. at the place designated in the Articles of Organization. I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent, as provided for in Chapter 608, F.S.



Sheylah Mola
Registered Agent

Date: December 22, 2003