

03-21-2008 10:52AM

FROM: HARRISON, SALE, MCCLOY & THOMPSON

40766120

10-631

P.002/008

1-769

DIVISION OF CORPORATIONS

P020000026743

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000054893 3)))



H080000548933ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : HARRISON, SALE, MCCLOY & THOMPSON
Account Number : 076630000526
Phone : (850)769-3434
Fax Number : (850)769-6121

FILED
08 MAR 21 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN

MEDICAL EVALUATORS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	15
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

Amend

SP 3/21

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Medical Evaluators, Inc.

DOCUMENT NUMBER: P02000026743

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

Please return all correspondence concerning this matter to the following:

Kevin D. Obos

(Name of Contact Person)

Harrison, Sale, McCloy, Duncan & Jackson

(Firm/ Company)

304 Magnolia Avenue

(Address)

Panama City, Florida 32401

(City/ State and Zip Code)

For further information concerning this matter, please call:

Kevin Obos

(Name of Contact Person)

at (850) 769-3434

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

03-21-2008 10:52AM
850-817-8381

FROM: HARRISON, SALE, McCLOY & THOMPSON

+7668121

T-881 P.001/006 F-767



March 3, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MEDICAL EVALUATORS, INC.
406 WEST 19TH STREET
PANAMA CITY, FL 32405

SUBJECT: MEDICAL EVALUATORS, INC.
REF: P02000026743

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

If the corporation is a PROFIT corporation it must be signed 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.

If the corporation is a NOT FOR PROFIT corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6925.

Texasa Brown
Regulatory Specialist II

FAX Aud. #: H08000054893
Letter Number: 808A00013172

P.O BOX 6327 - Tallahassee, Florida 32314

RECEIVED

2008 MAR 21

SECRETARY OF STATE
TALLAHASSEE, FL

**Articles of Amendment
to
Articles of Incorporation
of**

Medical Evaluators, Inc.

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

P02000026743

(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):

(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)**

The officers are changed to the following:

Hai Bui, President, 103 Fleming Court, Lynn Haven, Florida 32444

Thuy T. Bui, Vice President, 103 Fleming Court, Lynn Haven, FL 32444

Thao V. Nguyen, Secretary/Treasurer, 103 Fleming Court, Lynn Haven, FL 32444

The mailing address of the corporation is changed to:

406 W. 19th Street, Panama City, FL 32405

(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)

The 1000 shares of stock are now split as follows: Hai Bui has 660 shares;

Thuy T. Bui has 300 shares; and Thao V. Nguyen has 40 shares.

(continued)

The date of each amendment(s) adoption: February 29, 2008

Effective date if applicable: February 29, 2008
(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.

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)

Thuy T. Bui

(Typed or printed name of person signing)

Vice President

(Title of person signing)

FILING FEE: \$35

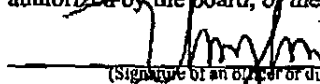
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Medical Evaluators, Inc.
2. The principal office address: 406 W. 19th Street, Panama City, Florida 32405
3. The mailing address (if different): _____
4. Date of incorporation/qualification: March 11, 2002 Document number: P02000026743
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
M. Nelson Scott
602 Harrison Avenue, Suite III
Panama City, Florida 32401
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Thuy T. Bui
406 W. 19th Street
(P.O. Box NOT acceptable)
Panama City, Florida 32405

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, of the corporation has been notified in writing of the change.


(Signature of an officer or director)

Thuy T. Bui, Vice President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

3-5-08
(Date)

If signing on behalf of an entity:

Thuy T. Bui
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

H08000054893 3