P02000065717

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2007 JUL 16 AM 10: 42
SECRETARY OF STATE
SECRETARY OF STATE

KALTENBACH & ASSOCIATES, P.A.

TAX AND FINANCIAL ACCOUNTANTS

619 N. DIXIE HIGHWAY LAKE WORTH, FL. 33460

OFFICE: (561) 582-4686

FAX: (954) 772-9391

July 12, 2007

FLORIDA DEPARTMENT OF STATE AMENDMENT SECTION DIVISION OF CORPORATIONS PO BOX 6327 TALLAHASSEE, FL. 32314

RE:

ARTICLES OF AMENDMENT:

ALTERNATIVE MEDICAL SERVICES, INC.

DOCUMENT# P02000065717

TO WHOM IT MAY CONCERN:

ENCLOSED IS AN AMENDMENT TO THE ARTICLES FOR THE ABOVE NAMED CORPORATION. THE AMENDMENT IS BEING SUBMITTED TO CHANGE THE NAME OF THE CORPORATION TO: TENTH AVENUE MEDICAL, INC.

THIS IS THE ONLY CHANGE TO THE ARTICLES.

PLEASE PROCESS THIS REQUEST AND SUBMIT A CERTIFICATE OF STATUS TO:

JEFFREY S SCHNEIDER 5795 LA GORGE CIRCLE LAKE WORTH, FL. 33463

THE APPROPRIATE FEES ARE ENCLOSED IN FULL PAYMENT. THANK YOU.

Best regards,

ROBERT KALTENBACH KALTENBACH & ASSOCIATES, P.A.

JEFFREY S. SCHNEIDER
ALTERNATIVE MEDICAL SERVICES, INC.

M. Aboud

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ALTERNATIV	VE MEDICAL SERVICES, INC	<u> </u>
DOCUMENT NUMBER: P02000065717		<u> </u>
The enclosed Articles of Amendment and fee ar	e submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
JEFFREY S. SCHNEIDER		
(Name o	f Contact Person)	
(Firm	n/ Company)	
5795 LA GORÇE CIRCLE		
LAKE WORTH, FL. 33463	Address)	
	ate and Zip Code)	
For further information concerning this matter, p	•	
ROBERT KALTENBACH	at (954) 326-9116	
(Name of Contact Person) Enclosed is a check for the following amount:	(Area Code & Daytime Tel	ephone Number)
□\$35 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	:

Articles of Amendment to Articles of Incorporation of

FILED

2007 JUL 16 AM 10: 42

SECRETARY OF STATE TALLAHASSEE. FLORIDA

ALTERNATIVE MEDICAL SERVICES, INC.

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

P02000065717
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
TENTH AVENUE MEDICAL, INC.
(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)
(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)
NOT APPLICABLE
(continued)

The date of each amend	ment(s) adoption: 07/12/07
Effective date if <u>applica</u>	ble:
• • • • • • • • • • • • • • • • • • • •	(no more than 90 days after amendment file date)
Adoption of Amendmen	et(s) (<u>CHECK ONE</u>)
	ent(s) was/were approved by the shareholders. The number of votes cast for nt(s) by the shareholders was/were sufficient for approval.
following state	ent(s) was/were approved by the shareholders through voting groups. The ement must be separately provided for each voting group entitled to vote the amendment(s):
"The num	ber of votes cast for the amendment(s) was/were sufficient for approval by
	(voting group)
	ent(s) was/were adopted by the board of directors without shareholder action er action was not required.
	ent(s) was/were adopted by the incorporators without shareholder action and ection was not required.
Signature ((By a director, president of 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)
	JEFFREY S. SCHNEIDER
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

FILING FEE: \$35