

PO2000078488

August 15, 2002

To Whom It May Concern:

My name is Zilida Eugene and I have already been filed for the Articles of Incorporation for Medi Star Care, Inc. on July 18, 2002. **Although, now I am requesting a change of name in filing the initial registered agent from Menelas Vilsaint to Carla Joseph.** Also I have deducted few of the original names of the incorporators from my Articles of Incorporation that were previously filed on July 18, 2002.

Please contact either Zilida Eugene at (305) 944-9349 or (305) 753-8112
1821 NE 172nd Street, North Miami Beach, Fl 33162
or
Carla Joseph at (904) 642-9057
7816 Southside Blvd. Apt# 220
Jacksonville, Fl 32256

Thank you,

Zilida Eugene & Carla Joseph

Zilida Eugene
Carla Joseph

100007518091--8

-09/04/02-01061-006

*****43.75 *****43.75

FILED
02 SEP - 4 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
02 AUG 19 AM 10:30
DIVISION OF CORPORATIONS

Gave OK to change
doc. to comply -
(signature)

9/4/02
Amend
(signature)



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

August 20, 2002

Carla Joseph
7816 Southside Blvd. Apt. #220
Jacksonville, FL 32256

SUBJECT: MEDI STAR CARE, INC.
Ref. Number: P02000078488

We have received your document for MEDI STAR CARE, INC. and check(s) totaling \$62.00. However, your check(s) and document are being returned for the following:

Please file an amendment to change the registered agent/office and officers/directors of the subject corporation. A form with instructions is enclosed. The incorporators cannot be amended.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 802A00048965

RECEIVED
02 SEP -4 AM 9:10
DIVISION OF CORPORATIONS

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

FILED
02 SEP -4 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MEDI STAR CARE, INC.
(present name)

(Document Number of Corporation (If known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

OFFICERS / Directors are:

ZILIDA EUGENE President / Director
CARLA JOSEPH SECRETARY / VICE PRESIDENT / TREASURER

New Registered Agent / office
See Attachment

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

N/A

THIRD: The date of each amendment's adoption: 8-17-02

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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.

Signed this 8 day of 30, 2002.

Signature

Carla Joseph
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Carla Joseph
Typed or printed name

Incorporator
Title

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the Corporation is:

MEDI STAR CARE, INC.

2. The name and address of the registered agent and office is:

CARLA JOSEPH

(Name)

7816 SOUTHSIDE BLVD. APT. #220

(P.O. Box NOT acceptable)

JACKSONVILLE, FL 32256

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 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.

Carla Joseph
Signature

8-17-02
Date