Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 **E**pone

: (305)634~3694

Fax Number

: (305)633-9696

BASIC AMENDMENT

ATLANTIC MEDICAL BILLING SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

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MOA-51-5002 12:30





ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

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(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)

ARTICLE I

The name of the corporation is:

ATLANTIC HEALTHCARE SOLUTIONS, INC.

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

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THIRD:	The date of each amendment's adoption: November &1, 2003
	Adoption of Amendment(s) (CHECK ONE)
Ţ	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.
0	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
	Signed this 2 day of November 2003
	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 exert appointed fiduciary, by that sidnelary.)
	AMY H RUBIN (Typed or printed same of person signing)
	PRESTRENT (Tide of person signing)

FILING FEE: \$35

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