

P030000033720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

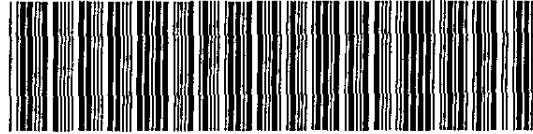
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TALLAHASSEE FLORIDA

Amend

T BROWN AUG - 5 2004

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NeuroSentinel Corp.

DOCUMENT NUMBER: P03000033720

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

Please return all correspondence concerning this matter to the following:

Beth Brown
(Name of Contact Person)

NeuroSentinel Corp.
(Firm/ Company)

1219 East Ave. S. Suite 104
(Address)

Sarasota, FL 34239
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Dennis Brown, M.D. at (9937) 435-0099
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
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| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

FILED
04 AUG -2 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NeuroSentinel Corp.

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

P03000033720

(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)**

Article II: The principal place of business address is changed to:

NeuroSentinel Corp.

1219 East Ave. S. Suite 104

Sarasota, FL. 34239

The mailing address of the corporation is changed to:

1219 East Ave. S. Suite 104

Sarasota, FL. 34239

(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)

(continued)

The date of each amendment(s) adoption: July 1, 2004

Effective date if applicable: July 1, 2004
(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)

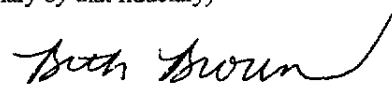
- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 30 day of July, 2004.

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)

Beth Brown

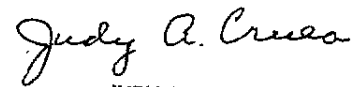


(Typed or printed name of person signing)

Director of Sales, NeuroSentinel Corp.

(Title of person signing)

FILING FEE: \$35


JUDY A. CRUEA
NOTARY PUBLIC, STATE OF OHIO
My Commission Expires 08-29-08