

P04000008502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

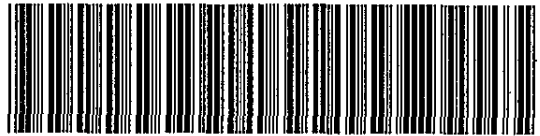
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000041567090

10/05/04--01085--003 **43.75

FILED
04 OCT -5 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FL 323

ac
10-12
Am...

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MGW MEDICAL SERVICES, INC.

DOCUMENT NUMBER: P04000008502

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

Please return all correspondence concerning this matter to the following:

NIURKA DONATE

(Name of Contact Person)

MGW MEDICAL SERVICES, INC.

(Firm/ Company)

11300 NW 87 COURT, SUITE 158

(Address)

HIALEAH GARDENS, FLORIDA 33018

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

NIURKA DONATE

(Name of Contact Person)

at (305) 827-2160

(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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

MGW MEDICAL SERVICES, INC.

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

P04000008502

(Document number of corporation (if known))

FILED
OCT -5 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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):

N/A

(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 # 5 - DIRECTORS PLEASE ADD NIURKA DONATE AS VICE- PRESIDENT.

11300 NW 87 COURT, SUITE 158

HIALEAH GARDENS, FLORIDA 33018

(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)

PLEASE REDUCE THE SHARES OF CARLOS ROMERO FROM 100% TO 50% SHARES.

PLEASE ADD THE REMAINING 50% OF SHARES TO NIURKA DONATE.

(continued)

The date of each amendment(s) adoption: SEPT. 28, 2004

Effective date if applicable: SEPT. 28, 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):*

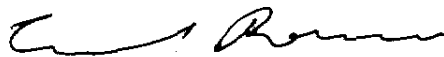
"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
(voting group)

☐ 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 28 day of SEPTEMBER, 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)

CARLOS ROMERO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35