## P04000019984

(Ře	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(f*i+	y/State/Zip/Phone	
(Cit	y/State/Zip/Pnone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
\54	omoso Emily Hair	,
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		1
		1
		ļ



500030391905

03/15/04--01085--003 \*\*35.00

O4 MAR 15 AM 8: 22
SECRETARY OF STATE.
TALLAHASSEF, FEBRE.

Amound I

Office Use Only

T BROWN MAR 1 9 2004

## TRANSMITTAL LETTER

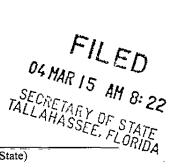
TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations SUBJECT: Medical Billings Associates of South Florida, Inc. DOCUMENT NUMBER: P04000019984 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alecia H. Zacharis (Name of Person) Medical Billings Associates of South Florida, Inc. (Name of Firm/Company) ~8828 SW 11th Street (Address) Boca Raton, FL 33433 (City/ State/ and Zip Code) For further information concerning this matter, please call: Gary Bloome (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: □ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 409 E. Gaines Street

Tallahassee, FL 32399

Articles of Amendment to
Articles of Incorporation of



Medical Billing Associates of South Florida, Inc.

P04000019984

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

(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):
(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Article 3-Principal Office-Change Address to 8828 SW 11th Street Boca Raton, FL 33433
Article 5-Officers-President Name spelling corrected to Alecia H. Zacharis
Article 5-Officers-Secretary Name spelling corrected to Alecia H. Zacharis
Article 6-Director-Director Name spelling corrected to Alecia H. Zacharis
(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: March 10, 2004	٠.,
Effective date if applicable: March 10, 2004	_
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	'F
☑ 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 10th day of March 2004	· A =:
Signature alece	
(By a director, president or other officer. <u>if</u> 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)	
Alecia H. Zacharis	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

FILING FEE: \$35