

P04 0000 4218

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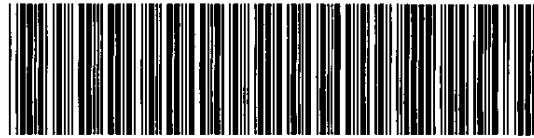
(Business Entity Name)

(Document Number)

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Amend

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. Roberts AUG 13 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Assured Medical Solutions, Inc.

DOCUMENT NUMBER: P04000042118

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

Please return all correspondence concerning this matter to the following:

Siam Joseph, Esq.

(Name of Contact Person)

Law Office of Siam Joseph, P.A.

(Firm/ Company)

2090 Palm Beach Lakes Blvd., Suite 202

(Address)

West Palm Beach, FL 33409

(City/ State and Zip Code)

For further information concerning this matter, please call:

Siam Joseph

(Name of Contact Person)

at (561) 649-1119

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Articles of Amendment
to
Articles of Incorporation
of**

Assured Medical Solutions, Inc.

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

P04000042118

(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)**

Articles V of Articles of Incorporation is hereby amended as follows:

1. Clive O. McIntosh, whose mailing address is 700. E. Atlantic Blvd., Suite # 205,
Pompano Beach, FL 33060 is hereby designated as President of the Corporation;
2. Christopher Cummings, whose mailing address is 700. E. Atlantic Blvd.,
Suite # 205, Pompano Beach, FL 33060 is hereby designated as Vice President
of Corporation.
3. Article II of the Articles of Incorporation is hereby amended as
follows: The principal place of business/ mailing address is hereby
changes to 700 E. Atlantic Blvd., Suite 205, Pompano Bch., FL 33060

(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)

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TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: July 17, 2007

Effective date if applicable: July 17, 2007
(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.

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)

Clive O. McIntosh

(Typed or printed name of person signing)

Director

(Title of person signing)

FILING FEE: \$35