

PD4000042118

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☐ PICK-UP ☐ WAIT ☐ MAIL

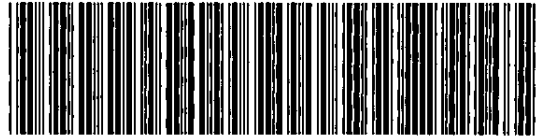
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 SEP 24 AM 11:14

FILED

Amend Oct
9-24-07

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2007

SIAM JOSEPH
2090 PALM BEACH LAKES BLVD., SUITE 202
WEST PALM BEACH, FL 33409

SUBJECT: ASSURED MEDICAL SOLUTIONS, INC.
Ref. Number: P04000042118

We have received your document for ASSURED MEDICAL SOLUTIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Document Specialist

Letter Number: 507A00049452

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))

FILED
07 SEP 24 AM 11:14
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):

(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, mailing address is 700. E. Atlantic Blvd., Suite # 205, Pompano Beach, FL is hereby designated as President of the Corporation;
2. Christopher Cummings, whose mailing address is 700. E. Atlantic Blvd., Suite # 205, Pompano Beach, FL 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., 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)

Article VI of the Articles of Incorporation is amended as follows: the street address of the Registered Agent is hereby changed to - Siam Joseph, Esq., 2090 Palm Beach Lakes Blvd., Suite 202 West Palm Bch., FL 33409

* See attc (continued)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this Attachment
statement of change is submitted for a corporation organized under the laws of the State of Florida
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Assured Medical Solutions, Inc.
2. The principal office address: 700 E. Atlantic Blvd., Suite 205
Pompano Beach, FL 33060
3. The mailing address (if different): Same-As-Above
4. Date of incorporation/qualification: February 27, 2007 Document number: P04000042118
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

Clive O. McIntosh

7200 Sunshine Skysay Lane, #7-B

St. Petersburg, FL 33711

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Siam Joseph, Esq.

2090 Palm Beach Lakes Blvd., Suite 202

(P.O. Box NOT acceptable)

West Palm Beach, FL 33409

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Clive O. McIntosh, Director

(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.*


(Signature of Registered Agent)

7/17/07
(Date)

If signing on behalf of an entity:

Siam Joseph

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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