

P04000042118

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(Address)

(Address)

(City/State/Zip/Phone #)

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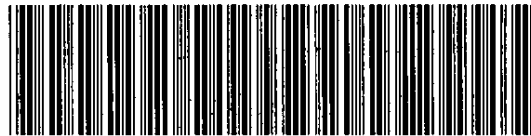
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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6/11/08

**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

(Name of Contact Person)

Law Office of Siam Joseph, P.A.

(Firm/ Company)

P.O. Box 22837

(Address)

West Palm Beach, FL 33416

(City/ State and Zip Code)

For further information concerning this matter, please call:

Siam Joseph

(Name of Contact Person)

at ( 561 ) 350-1470

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

RECEIVED

2008 JUN 27 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 11, 2008

SIAM JOSEPH  
P.O. BOX 22837  
W PALM BEACH, FL 33416

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

We have received your document for ASSURED MEDICAL SOLUTIONS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

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) 245-6927.

Tracy Smith  
Document Specialist

Letter Number: 108A00035870

**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 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

1. Article V of the Articles of Incorporation is hereby amended as follows:

a. Christopher Cummings name is hereby deleted as Vice President of the Corporation

b. Carmen Hopwood, whose mailing address is 5073 Shale Ridge Trail, Orlando, FL 32818, is hereby designated as Vice President of the Corporation;

c. Henry Vernon, whose address is 4748 NW 39th Street, Lauderdale Lakes, FL 33319 is hereby designated as Treasurer.

2. Articles II of the Articles of Incorporation is hereby amended as follows:

The principal place of business/ mailing address is hereby changed to 4448 Inverrary Blvd., Lauderhill, FL 33319.

FILED  
JUN 27 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

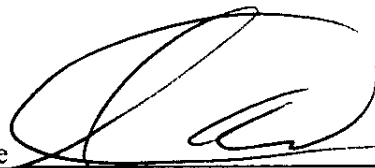
The date of adoption of the amendment(s) was: 6-1-08

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature



(By the chairman or vice chairman of the board, president or other officer- if directors 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)

President

(Title of person signing)

**FILING FEE: \$35**