Po4000074251

(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





500132066235

07/10/08--01007--017 **35.00

RECEIVED FILED

OB JUL 10 AM 11: 03 ZBB JUL 10 PM 3: 12

OBJUS TO STATE OF STATE OF

LAZARUS

CR2E031(7/97)

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): GOOD FRIENDS MEDICAL SERVICES IN (Corporation Name) (Document #) (Corporation Name)	•	· · · · · · · · · · · · · · · · · · ·	
Corporation Name) (Corporation Name) (Corpor	CORPORATION NAME(S) & DOC	•	
3. (Corporation Name) (Document #) 4. (Corporation Name) (Document #) Walk in Pick up time Certified Copy Mail out Will wait Photocopy Certificate of Status NEW FILINGS Profit Resignation of R.A., Officer/Director Limited Liability Domestication Other Dissolution/Withdrawal Merger	GOOD FRIEN	DS MEDICAL SERVICES	INC
Walk in Pick up time 2.00 Certified Copy Mail out Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger	(Corporation Name)	(Document #)	
Walk in Pick up time Certified Copy Mail out Will wait Photocopy Certificate of Status NEW FILINGS Profit Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Other Certified Copy Certified Copy Certificate of Status	(Corporation Name)	(Document #)	
Mail out Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS Amendment Resignation of R.A., Officer/Director Limited Liability Domestication Other Other	4. (Corporation Name)	(Document #)	
Profit Not for Profit Limited Liability Domestication Other Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger		— Columed Copy	
OTHER FILINGS REGISTRATION/QUALIFICATION	Profit Not for Profit Limited Liability Domestication	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal	•
Annual Report Fictitious Name Limited Partnership Reinstatement Trademark Other	Annual Report	Foreign Limited Partnership Reinstatement Trademark	

Examiner's Initials

Articles of Amendment to Articles of Incorporation of

FILED 2008 JUL 10 PM 3: 12

GOOD FRIENDS MEDICAL SERVICES INC SECRETARY OF STATE
(Name of corporation as currently filed with the Florida Dept. of State) HASSEE. FLORIDA
P04000074251
(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.") (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 VI
SALAN ,MARITZA RESIGNS AS THE PRESIDENT DIRECTOR OF THIS CORPORATION
IN HER PLACE THE NEW PRESIDENT WILL BE
LUIS, RACHEL INES
(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 amendmen	t(s) adoption: JULY 08,2008
Effective date if applicable:	JULY 08,2008
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
	was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.
	was/were approved by the shareholders through voting groups. The at must be separately provided for each voting group entitled to vote amendment(s):
"The number o	f votes cast for the amendment(s) was/were sufficient for approval by
	(voting group)
	was/were adopted by the board of directors without shareholder action tion was not required.
The amendment(s) shareholder action	was/were adopted by the incorporators without shareholder action and was not required.
'selec	director, president or other officer - if directors or officers have not been ted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	RACHEL INES LUIS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)