Division of Corporations Public Access System

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To:

Division of Corporations

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From:

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Account Number : 120020000072 Phone : (305)887-0001

: (305)884-6444

Fax Number

IND/RESTATE/CORRECT OR O/D RESIGN

E & E MEDICAL SERV. CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

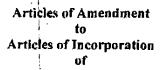
https://elile.sunbiz.org/scripts/efilcovr.exe

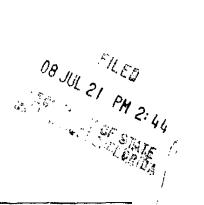
07/21/08

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: E&EME	DICAL SERV. CORP.
DOCUMENT NUMBER: P04000077708	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning	this matter to the following:
90	OVAL, ELBIA
	c of Contact Person)
F & F MF	DICAL SERV. CORP.
	Firm/ Company)
1790 W 49	STREET, SUITE # 400-7
	(Address)
HIA	: LEAH, FL. 33012
	/ State and Zip Code)
For further information concerning this matter	r, please call:
DOVAL, ELBIA	at (305) 885-7648
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	
☑ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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





	E & E MEDICAL SERV, CORP.	
(Name o	corporation as currently filed with the Florida Dept. of State)	
	P04000077708	
·— ·	(Document number of corporation (if known)	
ursuant to the provisions of dopts the following amendm	section 607.1006, Florida Statutes, this Florida Profesent(s) to its Articles of Incorporation:	it Carparation
EW CORPORATE NAM	(if changing):	
Must contain the word "corporation A professional corporation must en	n." "company," or!"incorporated" or the abbreviation "Corp.," " ntain the word "chartered", "professional association," or the a	Inc.," or "Co.") bbreviation "P.A.")
	OTHER THAN NAME CHANGE) Indicate Armended, added or deleted: (BE SPECIFIC)	rticle Number(s)
ARTICLE VII - INITIAL (OFFICERS AND/OR DIRECTORS	
ELETE: BORROTO, ELIESI	: R - VP - 1790 W 49 STREET SUITE # 400-7, HIALE	AH. FL. 33012
	:	
<u> </u>		
		
	(Attach additional pages if necessary)	

(continued)

The date of each amendment(s) adoption:	07/21/2008
Effective date if applicable: 07/21/2008	
(no more than	90 days after amendment file date)
Adoption of Amendment(s) (CHE	CK ONE)
	roved by the shareholders. The number of votes cast for ders was/were sufficient for approval.
	inventory the shareholders through voting groups. The trately provided for each voting group entitled to vote
"The number of votes east fo	r the amendment(s) was/were sufficient for approval by
(voting gr	oup)
The amendment(s) was/were ado and shareholder action was not re	pted by the board of directors without shareholder action equired.
The amendment(s) was/were add shareholder action was not require	pted by the incorporators without shareholder action and red.
Signature	Efficiel-
(By a director, preside	ni or/other officer - if directors or officers have not been porator - if in the hands of a receiver, trustee, or other court y that fiduciary)
	ELBIA DOVAL
(Тур	ed or printed name of person signing)
·	PRESIDENT
-	(Title of person signing)

FILING FEE: \$35