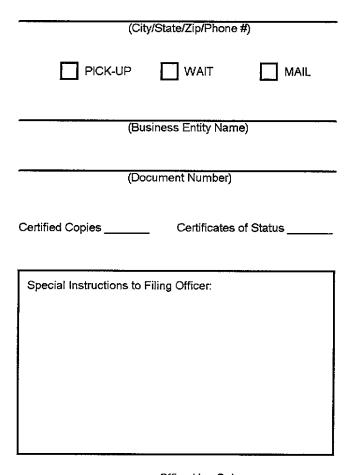
## P04000091129

FLORIDA MED SERVICE-TUC. 1419 W. WATER. AVE 33604 SUIT-103. TAMPA FL.



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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 20, 2004

FLORIDA MED SERVICES, INC. 1419 W. WATER AVENUE SUITE 103 TAMPA, FL 33604

SUBJECT: FLORIDA MED SERVICES, INC.

Ref. Number: P04000091129

We have received your document for FLORIDA MED SERVICES, 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):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6869.

Teresa Brown Document Specialist

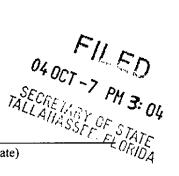
Letter Number: 404A00055399

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORP	oration: Florida	med Services, Inc	2
DOCUMENT NU	MBER:POU 0000 C	Peuk	
The enclosed Artic	les of Amendment and fee a	re submitted for filing.	
Please return all co	rrespondence concerning this	s matter to the following:	
		of Contact Person)	
	(Fir	m/ Company)	
	1419 w. Wat	ers Ave, Suite 103 (Address)	
	Tampa (City/st	FC 33604 ate/ and Zip Code)	
For further informa	tion concerning this matter,	please call:	
(Nomo	of Contact Person)	at () (Area Code & Daytime T	Calanhana Numban
	for the following amount:	(Alea Code & Daytille 1	etephone Number)
□ \$35 Filing Fee	S43.75 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 409 E. Gaines Street Tallahassee, FL 32399	

Articles of Amendment to Articles of Incorporation of



Florida Med Servicos Inc.

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

(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)
Article II: Change of Address
The principle place of business address:
1419 W. Waters Are Suite 103
Tampa Fl 33604
(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)

Effective date if applicable:
(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.
Signed this Ot day of Horacon Job 4.
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)
(Typed or printed name of person signing)  RA President  (Title of person signing)

FILING FEE: \$35