

PO4000091129

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



400040769784

09/10/04--01030--002 **35.00

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

T BROWN OCT 12 2004



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 CORPORATION: Florida med Services, Inc

DOCUMENT NUMBER: PO4 0000 91129

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yidier Morales
(Name of Contact Person)

(Firm/ Company)

1419 W. Waters Ave, Suite 103
(Address)

Tampa FL 33604
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person) at (_____) _____
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

FILED
04 OCT -7 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Med Services, Inc.

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

P04000091129

(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 Ave, 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)

The date of each amendment(s) adoption: 06-14-04

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 Oct day of 14, 2004.

Signature Yidier Morales
(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)

Yidier Morales
(Typed or printed name of person signing)

RA/President
(Title of person signing)

FILING FEE: \$35