

P04000096083

(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:  
Felisa gave permission  
to add date of adopt.  
JFM  
10/3/08

Office Use Only



900136374769

09/29/08--01005--024 \*\*35.00

FILED  
08 SEP 29 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name Chg. Amend.  
JFM  
10/3/08

ABL MEDICAL SERVICES  
4433 Wellington Shores Drive  
Wellington, Florida 33449  
(561) 798-6945

September 24, 2008

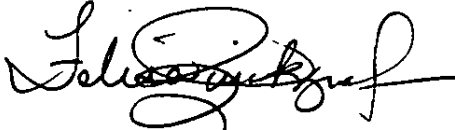
**Re: ABL PROPERTY INVESTMENT, INC., Document Number P04000096083 –  
Articles of Amendment (Name Change to ABL MEDICAL SERVICES, INC.)**

Dear Sir/Madam:

I have enclosed the Amendment to the Articles of Incorporation for ABL Property Investment, Inc. (changing the name to ABL Medical Services, Inc.) along with a check in the amounts of \$35.00 to cover the cost of this change. Please file the Articles of Amendment to the Articles of Incorporation of ABL Property Investment, Inc. changing the name to ABL Medical Services, Inc.

Thank you for your prompt attention to this matter. Please contact me if you require any further information.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Felisa Zinckgraf', with a stylized flourish at the end.

Felisa Zinckgraf, President  
ABL Medical Services

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** ABL Property Investment, Inc.

**DOCUMENT NUMBER:** P04000096083

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

Please return all correspondence concerning this matter to the following:

Felisa Zinckgraf

(Name of Contact Person)

(Firm/ Company)

4433 Wellington Shores Drive

(Address)

Wellington, Florida 33467

(City/ State and Zip Code)

For further information concerning this matter, please call:

Felisa Zinckgraf

(Name of Contact Person)

at ( 561 ) 204-3395

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

ABL Property Investment, Inc.

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

**FILED**  
08 SEP 29 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P04000096083

(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):**

ABL Medical Services, Inc.

(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)**

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(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)

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(continued)

The date of each amendment(s) adoption: 9/24/08

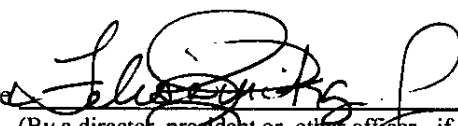
Effective date if applicable: date of filing  
(no more than 90 days after amendment file date)

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.

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)

Felisa Zinckgraf  
(Typed or printed name of person signing)

President  
(Title of person signing)

**FILING FEE: \$35**