P04000101371

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Daniel March 1)
(Document Number)
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2010 APR 29 PH 1: 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 5-1-2010

MC

TB MAY - 3 2010

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:		Cavalier Medical Billing, Inc.		
DOCUMENT NU	JMBER:	P0400010137	1	
The enclosed Artic	cles of Amendment and fee	are submitted for filing.		
Please return all co	orrespondence concerning th	is matter to the following:		
		Michael J Groff		
	1	Name of Contact Person		
Cavalier Medical Billing, Inc.				
	Firm/ Company			
	4488 N Capistrano Loop			
	Address			
	Bev	verly Hills, FL 34465		
	(City/ State and Zip Code		
	m_j_g E-mail address: (to be use	roff@yahoo.com ed for future annual report notification)	
For further inform	ation concerning this matter.	, please call:		
	Michael J Groff	at (352)	746-7363	
Name	of Contact Person	Area Code & Daytime	Telephone Number	
Enclosed is a chec	k for the following amount r	made payable to the Florida Dep	artment of State:	
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status		□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cir	rcle	

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

	of	20 TH ~
Cavalier Me	edical Billing, Inc.	da Dept. of State) ALLAHASSEE OF STATE ORIO
(Name of Corporation as currer	ntly filed with the Flori	da Dept. of State) ALECTER S9
P040	000101371	AHASSE OF 1:
(Document Numb	per of Corporation (if kn	own)
ursuant to the provisions of section 607.1006, mendment(s) to its Articles of Incorporation:	, Florida Statutes, this I	Florida Profit Corporation adopts the follo
a. If amending name, enter the new name of t	the corporation:	EFFECTIVE D 5-1-2
DA	AZM, Inc.	The new
Principal office address <u>MUST BE A STREET</u>	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC)	<u>E BOX</u>)	
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent:		in Florida, enter the name of the
New Registered Office Address:	(Florida street	address)
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered ago	g Registered Agent: ent. I am familiar with	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets. if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
	tional sheets, if necessary). (Be specific		
provisions	idment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A)	ssification, or cancellation of iss ot contained in the amendment i	ued shares, tself:

The date of each amendmen	
Effective date if applicable:	(date of adoption is required) 5/1/2010
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
	ere adopted by the shareholders. The number of votes cast for the amendment(s vere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement led 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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder action and shareholder
sel	Minute of the fiduciary) Minute of the fiduciary of the
	Michael J. Groff
	(Typed or printed name of person signing)
	President
	(Title of person signing)