

P04000111495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

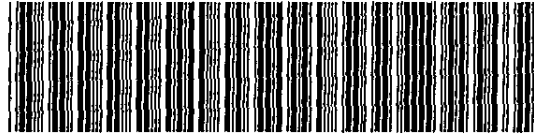
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700046479577

FILED  
05 FEB 17 AM 8:52  
TALLAHASSEE, FLORIDA

05 FEB 17 10:04 AM 7:53 PM

g n.c.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** ALL MEDICAL SERVICES AND EQUIPMENT CORPORATION

**DOCUMENT NUMBER:** P04000111495

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

Please return all correspondence concerning this matter to the following:

MARY SANTOS

(Name of Contact Person)

ALL MEDICAL SERVICES AND EQUIPMENT CORPORATION

(Firm/ Company)

2425 N.E. 18th PLACE SUITE 102

(Address)

OCALA, FLORIDA 34470

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

MARY SANTOS

(Name of Contact Person)

at ( 352 ) 208-7027

(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  
409 E. Gaines Street  
Tallahassee, FL 32399

Articles of Amendment  
to  
Articles of Incorporation  
of

ALL MEDICAL SERVICES AND EQUIPMENT CORPORATION  
(Name of corporation as currently filed with the Florida Dept. of State)

P04000111495  
(Document number of corporation (if known))

FILED  
05 FEB 17 AM 8:52  
TALLAHASSEE, FLORIDA  
CLERK OF THE CIRCUIT COURT

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):**

ALL MEDICAL SERVICES & EQUIPMENT CORPORATION

(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)**

---

---

---

---

---

---

---

---

---

---

---

---

(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: 02/07/2005

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

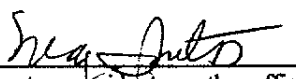
Adoption of Amendment(s) **(CHECK ONE)**

- ☐ 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 15th day of February, 2005.

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)

MARY SANTOS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**FILING FEE: \$35**