

P04000153196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

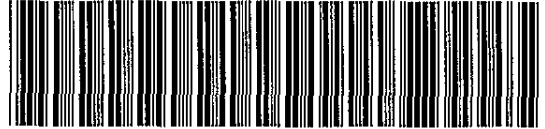
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/20/05--01049--023 **35.00

FILED

05 APR 20 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FL 32304

RECEIVED

05 APR 20 11:37

NOTES

C. Coulllette

Amend

APR 20 2005

LAZARUS

CORPORATE FILING SERVICE

Requester's Name

3320 S.W. 87TH AVENUE

Address

MIAMI, FL 33165 (305) 552-5973

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Pronobis Medical Services, Inc.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2.00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☒ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

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05 APR 20 PM 1:33
SECRETARY OF STATE
WASHINGTON, D.C. 20520

FIRST: Amendment(s) adopted:(indicate article number(s) being amended, added or deleted)

The name and post office address (es) of the number of the board of Directors, who subject to the provisions of the Certificate of incorporation, by by -laws and the corporation laws of the State of Florida is.

GLORIA TABOADA Sec/Trea 50% Shares 808 Brickel Key Dr. Apt.3007
Miami, FL. 33131

That GLORIA TABOADA 808 Brickel Key Dr. Apt.3007 Miami, Fl. 33131
City of Miami, State of Florida, is hereby named registered resident
agent for this corporation to be its agent and to accept service of process within the State
of Florida at this registered office.

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment (s) was/were sufficient for approval.
- ☐ 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 19 day of April 2005

By: _____

Signature of a member or authorized representative of a member

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT, AND AGREE TO ACT IN THIS CAPACITY, I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUS RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

DATE

4-19-05