P05000010342 ON STATE ON STATE



(Requestor's Name) (Address)	800058420108
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	08/16/05010280u2 **35.uy
Certified Copies Certificates of Status Special Instructions to Filing Officer:	

Office Use Only

Amend.

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Division of Corporations

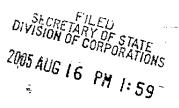
Tallahassee, FL 32314

NAME OF CORPORATION: A caurate	medical Network, Dre-
DOCUMENT NUMBER: 050000103	42
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	• •
Nicole Boursille (Name of Cont	act Person)
Accurate medical (Firm/Con	Network, Inc.
5114 Okerchobee (Addre	Blud, Suite 105
West Palm Beach, S (City/ State/ an	<u>L</u> 33417 d Zip Code)
For further information concerning this matter, please	
Nicola Bour Silbuot (Name of Contact Person)	at (561) 689-8884 (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 & □ \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations 409 E. Gaines Street

Tallahassee, FL 32399

Articles of Amendment to Articles of Incorporation of



Accurate medical Network, Doc.
(Name of corporation as currently filed with the Florida Dept. of State)
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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 V - Delete Patrick Boursi Quot
ARTicle V - Nicole Boursi Buot - President (change
The state of the s
the second secon
The state of the s
The state of the s
(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: 8 105
Effective date if applicable: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Adoption of Amendment(s) (<u>CHECK ONE</u>)
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 entuied 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 thisday of August . 2005.
Signature Source (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)
Nicole BoursiQuoT (Typed or printed name of person signing)
Vice - President (Title of person signing)

FILING FEE: \$35