## P05000075989

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TALLAHASSEE, FLORIDA

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations .

NAME OF CORPORATION:	Ortholabs, Inc.
DOCUMENT NUMBER:	P05000075989
The enclosed Articles of Amendment and i	fee are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
	Bill Hall
	Name of Contact Person
	Ortholabs, Inc.
	Firm/ Company
	2914 N STATE RD 7
	Address
	MARGATE, FL 33063
	City/ State and Zip Code
BILLE	DRSCHOICEMED, COM
E-mail address: (to be	e used for future annual report notification)
For further information concerning this ma	tter, please call:
BILL HALL	at ( 954 ) 978-8600
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	ant made payable to the Florida Department of State:
✓ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section
P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation** of

ORTHOLABS, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

	000075989	wn)
(Document Number of Corporation (if known)		wn)
ursuant to the provisions of section 607.1006 mendment(s) to its Articles of Incorporation:	5, Florida Statutes, this Fi	orida Profit Corporation adopts the f
If amending name, enter the new name of	the corporation:	
		The no
ame must be distinguishable and contain to obreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro,	designation "Corp," "Inc	," or "Co". A professional corporati
Enter new principal office address, if app		
Principal office address <u>MUST BE A STREE</u>	<u>T ADDRESS</u> )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
(Manning and the MAT BL AT OBT OF THE	<u> </u>	_
. If amending the registered agent and/or r	agistored office address i	Florida onter the name of the
new registered agent and/or the new regis		r Florida, enter the hame of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street a	ddress)
,		, Florida
-	(City)	(Zip Code)
ew Registered Agent's Signature, if changin	na Pagistarad Agants	
ereby accept the appointment as registered a		nd accept the obligations of the positio
·		
	ionature of New Registered	Agent if changing

## 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>	<u>Address</u>	Type of Action
<u>D</u>	WILLIAM B. HALL	14150 S.W. 119 AVE MIAMI, FL 33186	
			☐ Add☐ Remove
<u></u>			
E. <u>If amen</u> (attach a	ding or adding additional Articles, en additional sheets, if necessary). (Be sp	nter change(s) here: pecific)	
	······································		<del></del>
	<del> </del>		
provisi	mendment provides for an exchange, ions for implementing the amendmen not applicable, indicate N/A)		
	ioi applicable, maicale (viii)		
	•	•	
<u></u>			

The date of each amendmen	t(s) adoption: 0	1/01/2009
Effective date <u>if applicable</u> :	01/01/2009	(date of adoption is required)
· .	(no more than 9	90 days after amendment file date)
Adoption of Amendment(s)	( <u>C</u>	HECK ONE)
The amendment(s) was/we by the shareholders was/w		e shareholders. The number of votes cast for the amendment(s) approval.
		ne shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	ndment(s) was/were sufficient for approval
by		,,,
•	(voting group)	
action was not required.		e board of directors without shareholder action and shareholder incorporators without shareholder action and shareholder
Dated_ <b>09</b> /0	)1/09	2/2
sel		that of other officer – if directors or officers have not been perator—if in the hands of a receiver, trustee, or other court by that fiduciary)
		PETER KING
	(Ту	rped or printed name of person signing)
·	· 	V. P.
	(Title o	of person signing)