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To: Division of Corporations  
 Fax Number : (850)205-0380

From: Account Name : FAS-T CORP. AGENTS, INC.  
 Account Number : 071001002335  
 Phone : (305)599-0839  
 Fax Number : (305)716-0346

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**

**KROME MEDICAL SERVICES INC**

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

**KROME MEDICAL SERVICES INC**

(PRESENT NAME)

P05000084835

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

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

**Article # V OFFICER AND DIRECTORS**

**DELETED**

JOSE A GUTIERREZ PD  
950 N KROME AVE STE # 106  
HOMESTEAD, FL. 33030

**ADD:**

EMIGDIO MORENO PD  
950 N KROME AVE STE # 106  
HOMESTEAD FL. 33030

**Article# VI REGISTER AGENT**

**DELETED**

JOSE A GUTIERREZ PD  
950 N KROME AVE STE 106  
HOMESTEAD FL. 33030

**ADD:**

EMIGDIO MORENO PD  
950 N KROME AVE STE # 106  
HOMESTEAD, FL. 33030

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows.

**THIRD:** The date of each amendment's adoption: July 10 / 06

**FOURTH:** Adoption of Amendment(s) (check one)

☐ The amendment(s) was/were approved by the shareholders. Then number of votes cast for amendment(s) was/were sufficient for approval.

☐ The amendment (s) was/were approved by the shareholders through voting groups.

The following statement must be separately for each voting group entitled to vote separately on each 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 10 day of JULY, 2006

Signature

Jose Gutierrez  
(By the Chairman or Vice-Chairman of the directors,  
President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

\_\_\_\_\_  
Typed or printed name  
JOSE ANTONIO GUTIERREZ JR

**PRESIDENT**  
Title

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: KROME MEDICAL SERVICES INC
2. The name and address of the registered agent and office is:

EMIGDIO MORENO PD  
950 N KROME AVE STE # 106  
HOMESTEAD, FL. 33030

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

  
SIGNATURE

07/11/2006  
DATE