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To:

Division of Corporations

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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 RESI

KROME MEDICAL SERVICES INC

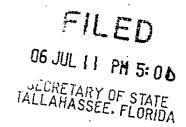
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ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

KROME MEDICAL SERVICES INC

(PRESENT NAME)

P05000084835

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

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

Article # V OFFICER AND DIRECTORS

<u>DELETED</u> 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 GUTTERREZ PD
930 N KROME AVE STE 106
HOMESTEAD FL. 33030

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

SECOND: 1 provisions fo	If an emendment provides for an exchange, reclassification or cancellation of issued shares, π implementing the amendment if not contained in the amendment itself, are as follows.
THIRD: To	to date of each amendment's adoption:
FOURTH:	Adoption of Amendment(s) (check one)
	: amendment(s) wan/were approved by the shareholders. Then number of votes cast for indiment(s) was/were sufficient for approval.
n 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 east for the amendment(s) was/were sufficient for approval by (voting group)
	(voting group)
ti The	amendment(s) was/were adopted by the board of directors without shareholder action shareholder action was not required.
The shar	smendment(s) was/were adopted by the incorporators without shareholder action and reholder action was not required.
	hùs 10 day of JULY_, 2006
Sienates	· Vose Buterry
O.Comen.	(By the Chairman or Vice Chairman of the directors, President or other officer if adopted by the charcholders)
	OR (By a director if adopted by the directors)
	OR (By an incorporator if adopted by the incorporators)
	Typed or printed hame Jose Antoneo Gutherrez Jr

PRESIDENT Title

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 61.7.0501, 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