

P05000115633

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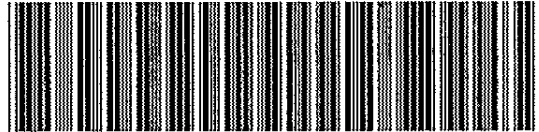
(Business Entity Name)

(Document Number)

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08/07/06--01036--016 **43.75

FILED
06 AUG 07 AH 10:19
SECRETARY OF STATE
TALLAHASSEE, FL 32399

Amend. & N.C.
C. Coulllette AUG 15 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MID-TOWN GROUP SERVICE, INC.

DOCUMENT NUMBER: P0500115633

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUILLERMO DIAZ

(Name of Contact Person)

MASTER ACCOUNTANTS, PA

(Firm/ Company)

9240 SUNSET DR. SUITE#117

(Address)

MIAMI, FL 33173

(City/ State and Zip Code)

For further information concerning this matter, please call:

GUILLERMO DIAZ

(Name of Contact Person)

at (305) 595-6343

(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 &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

MID-TOWN GROUP SERVICE, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

P0500115633

(Document number of corporation (if known))

FILED
06 AUG 07 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

MID-TOWN MEDICAL GROUP, INC.

(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 II (AMENDED): THE PRINCIPAL PLACE OF BUSINESS AND THE

THE MAILING ADDRESS IS: 21 NW 36 ST. MIAMI FL 33127

ARTICLE V (AMENDED): THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED

AGENT IS: MONICA GAFCON, 21 NW 36 ST, MIAMI FL 33127

I CERTIFY THAT I AM FAMILIAR WITH AND ACCEPT THE RESPONSABILITIES OF REGISTERED AGENT

REGISTERED AGENT SIGNATURE: 

ARTICLE VI (AMENDED) THE OFFICER AND DIRECTOR IS, TITLE: PD MONICA GAFCON,

21 NW 36 ST, MIAMI FL 33127

(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: AUGUST 3, 2006

Effective date if applicable: AUGUST 3, 2006
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

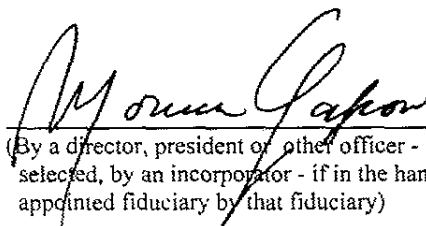
- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group 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.

Signature



(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)

MONICA GAFCON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35