

P06000036416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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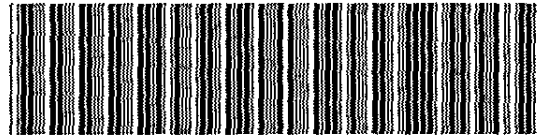
(Business Entity Name)

(Document Number)

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Amended

FILED  
07 FEB 12 AM 11:02  
-CLERK (PRT) OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts FEB 14 2007

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Allied Medical Transport Inc

**DOCUMENT NUMBER:** P06000036416

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

Please return all correspondence concerning this matter to the following:

Rashelle Rowe  
(Name of Contact Person)

Allied Medical Transport Inc  
(Firm/ Company)

4620 North State Road 7  
(Address)

Lauderdale Lakes, Florida 33319  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Rashelle Rowe at (954) 681-4373 Ex+101  
(Name of Contact Person) (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

FILED

07 FEB 12 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Allied Medical Transport Inc.

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

P06000036416

(Document number of corporation (if known))

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):**

(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)**

On February 1<sup>st</sup>, 2007 the Corporation held its annual  
election and the old officers of the Corporation

Cherley Desvallons, Andre Voltaire, and Shella Voltaire  
Were changed The new officers are as follows:

Roshelle Rowe → President

Cherley Desvallons → Vice President

Shella Voltaire → Treasurer

Andre Voltaire → Secretary

Please update the corporate document to reflect change Please  
(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: February 1, 2007

Effective date if applicable: February 9th 2007  
(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 Cherley Desvallons  
(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)

Cherley Desvallons  
(Typed or printed name of person signing)

President  
(Title of person signing)

**FILING FEE: \$35**