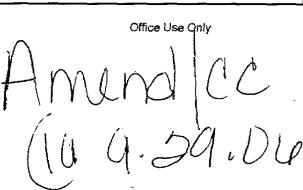
P00000094328

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	·#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>		





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09/28/06--01014--013 **43.75

STOUTH TO THE BOX

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Top 14	ca Medical Inc.
DOCUMENT NUMBER: P06000	0094328
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
Steven(Name of	W. Miller Contact Person)
Taka Med	dical Inc. (Company)
2501 S.W.	11th Court
Boynton Bea (City/Star For further information concerning this matter, p	te and Zip Code)
Steven W. Miller (Name of Contact Person)	at (561) 735-4224 (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 & S2.50 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 Articles of Incorporation



P 0600 00 94 328 (Document number of corporation (if known)

C SDA SOC	Articles of Incorpora	ntion	The said of the sa	-	
Tal	of / / /) !	Tie	TOTAL ELECTION	-5A	
(Name c	of corporation as currently filed with the	he Florida Dept. of St	late)	- Or 37	Mr.
CI	0100000000	10		% ?>	200
	O 600 00 94 3 (Document number of corporation	n (if known)		Ary.	6. ^A
	Section 607.1006, Florida Statu ment(s) to its Articles of Incorpo		Profit Corporatio	n	ें _{जु} रू -
NEW CORPORATE NAM	IE (if changing):	_		· _	. +
NA					
	on." "company," or "incorporated" or to contain the word "chartered", "professi				
	ED- (OTHER THAN NAME C amended, added or deleted: (BE		te Article Numbe	r(s)	
Add - Tha	+ Dr. Jay 7	Tsuruda	MD OT	<u>£</u>	
243 N. M	ichigan Ave. #L	+ Pasade	ina CA		
91106 be	installed as S	Secretar	· y ,	_	
Add - That	the number	of shar	es be		
increased fr	om 10,000 to	1,000,000	2 with		.=
par value of	\$0.01ea.				
•					
	(Attach additional pages if ne	ecessary)	1.1.		
<u> </u>	or exchange, reclassification, or oment if not contained in the ame				
NA					-
				_	
					
	(continued)				

The date of each amendment(s) adoption: 9-23-06
Effective date if applicable: 10-01-06 (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 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) Steven W. Miller (Typed or printed name of person signing) President (Title of person signing)

FILING FEE: \$35