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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

COR AMND/RESTATE/CORRECT OR O/D RESIGN

CHIROMEDIC MOBILE DIAGNOSTICS, INC.

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Corporate Filing Menu

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SECRETARY OF STATE DIVISION OF CORPORATION

850-205-0381

7/30/2007 4:13

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Florida Dept of State



July 30, 2007

FLORIDA DEPARTMENT OF STATE

CHIROMEDIC MOBILE DIAGNOSTICS, INC. 9807 NW 80 AVE SUITE F-11 HIALEAH GARDENS, FL 33016

SUBJECT: CHIROMEDIC MOBILE DIAGNOSTICS, INC.

3056339696

REF: P06000102999

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form submitted is for amending non profit corporations. Please submit the amendment form for a profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Pamela Smith Document Specialist

FAX Aud. #: H07000192473 Letter Number: 307A00047218

IN ISION OF CORPORALIONS

(continued)

Articles of Amendment to

The date of each amendment(s) adoption:
Effective date if applicable: 7-20-2007 (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 east 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 the chairman or vice chairman of the beard, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or catter court appointed fiduoisty, by that fiduciary.)
Paul L. Guadagno
(Typed or printed name of person algaing)
resident / Incorporator
(Title of person signing)

FILING FEE: \$35