

| (Requestor's Name) (Address) (Address) | 400098916524 |
|---|---|
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | 04/27/0701034023 **43.75 07 APR 27 ALLAHASS |
| Special Instructions to Filing Officer: Office Use Only | AH 8: 59 CF-STATE E. FLORIDA |

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF COR | PORATION: FAM | MEdiCAL EQUIPA | nent, IWC |
|---------------------|--|--|---|
| DOCUMENT N | umber: <u> </u> | 00125535 | |
| The enclosed Arti | icles of Amendment and fee | e are submitted for filing. | |
| Please return all c | correspondence concerning t | this matter to the following: | |
| | Adiel 7 | FRANCISCO ne of Contact Person) | |
| | | | |
| | FAM MEDICA | al Equipment In | C |
| | (| Firm/ Company) | |
| | 6355 NW | 36th ST NO. 503 | • |
| | | (Address) | |
| | Miami, Fl | 33166 | |
| | (City) | State and Zip Code) | |
| For further inform | nation concerning this matte | er, please call: | |
| Adiel | FEANCISW | at (<u>786</u>) 663 | -6943 |
| (Nan | ne of Contact Person) | (Area Code & Daytime | e Telephone Number) |
| Enclosed is a chec | ck 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) |
| P.O. Box | nt Section of Corporations | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



FAM MEDICAL EQUIPMENT FUC

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

P06000125535

| | amendment(s) to its Articles of Incorporation: |
|---|--|
| | E NAME (if changing): |
| | MEDICAL Billing CORP |
| Must contain the word " A professional corporation | "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") ion must contain the word "chartered", "professional association," or the abbreviation "P.A |
| | DOPTED - (OTHER THAN NAME CHANGE) Indicate Article Numbers) being amended, added or deleted: (BE SPECIFIC) |
| New | Address: 8302 NN 1035 ST Suite 202 |
| | Address: B302 NN 1035 ST Suite 202 HiALEAH GARDENS, FL 33016 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | (Attach additional pages if necessary) |
| f an amendment provor implementing the | ovides for exchange, reclassification, or cancellation of issued shares, provise amendment if not contained in the amendment itself: (if not applicable, indicate |
| | |
| | |

(continued)

| The date of each amendment(s) adoption: 4/19/07 |
|---|
| The date of each amendment(s) adoption: 4/19/07 Effective date if applicable: 4/19/07 (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) |
| Adjet FRANCISO (Typed or printed name of person signing) |
| Præsidaut. |
| (Title of person signing) |

FILING FEE: \$35