# P06000136910

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Amend News

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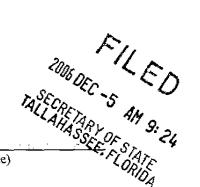
# COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: SUMMIT ME	EDICAL STAFFING CORP
DOCUMENT NUMBER: P060001369 0	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
DWIGHT SCO	TT Contact Person)
SUMMIT MEDIC	CAL STAFFING Company)
<del> </del>	ERCIAL BLVD # 221
	e and Zip Code)
For further information concerning this matter, ple  DWIGHT SCOTT  (Name of Contact Person)	at ( 561 ) 414-0993  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\times \$43.75 Filing Fee \$\times \$\text{Certificate of Status}\$	✓ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  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



#### SUMMIT MEDICAL STAFFING CORP

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

# P060001369/2

(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):

<u>in the second of the second o</u>	
(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 VII	۔ بسرہ ہ حد
PLEASE DELETE VANISSA HUTCHINSON AS THE DIRECTOR	<u>.</u>
PLEASE ADD ETHLYN HARRISON - DIRECTOR	, <b>t</b> .
ADDRESS: 3900 W COMMERCIAL BLVD # 221	
TAMARAC FL 33309	- <u></u>
	3
	; <u>5.</u> '—
	i Ngjarjer
(Attach additional pages if necessary)	<u> </u>
(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)	
<u> </u>	₹ <u>11</u>
<u> </u>	, <u>*</u> =

(continued)

The date of each amendment(s) adoption: 11/29/2006
Effective date if applicable: 11/29/2006
(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)  (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)
(Typed or printed name of person signing)
VANISSA HUTCHINSON
(Title of person signing)

**FILING FEE: \$35**