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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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NAME OF CORPORATION: FLORI	DA MEDICAL	TRANSPORTOIN.IN
DOCUMENT NUMBER: Po 700	0004694	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	•
AKREM - JAD (Name of	ALLA Contact Person)	<u>:</u>
Presca	// Company)	
P.O. BOX 518	6 4 Address)	
SARASOTA S	FL 34232 te and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, p	lease call:	
AKREM- JADALLA (Name of Contact Person)	at (941) 33 (Area Code & Daytim	o - 47 00 ne Telephone Number)
Enclosed is a check for the following amount:	• 3	
\$35 Filing Fee \$\bigcup \$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	Street Address Amendment Section	•

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to **Articles of Incorporation**

FLORIDA MEDICAL TRANSPORTION. INC
(Name of corporation as currently filed with the Florida Dept. of State)

(Document number of corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: NEW CORPORATE NAME (if changing):	FI	
(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. ") AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Tumber(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)		٠
Added as : Officer Manager Last Name: AL - NADI Frist Name: SAMI		,
middt wame: AHMAD Address : 4476 Samibet war Bradnton, Fl.	34	203
(Attach additional pages if necessary)		
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provision for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N		
	•	

(continued)

The date of each amendment(s) adoption: <u>ect/22 /07</u>
The date of each amendment(s) adoption: $\frac{cct/22/o7}{}$ Effective date if applicable: $\frac{cct/22/o7}{}$ (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) AKREM. O. JADALLA
(Typed or printed name of person signing)
(Title of person signing)

FILING FEE: \$35