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MALLAHASSEF FLORIES

## **COVER LETTER**

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: VCA MEDICAL, INC					
P0700016008					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
JULIO C MOLI	NA				
JC MOLINA &	Name of Contact Person	1			
·-	Firm/ Company				
8260 W FLAGLER STREET STE 2-C					
1414141 =1 00	Address				
MIAMI, FL. 33					
	City/ State and Zip Code	е			
JULIOMG@BELL	SOUTH.NET				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, pleas	se can:				
JULIO C MOLINA	<sub>at (</sub> 305	, 5599070			
Name of Contact Person		de & Daytime Telephone Number			
Enclosed is a check for the following amount made p	payable to the Florida Depa	urtment of State:			
□ \$35 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		Address			
Division of Corporations	Amendment Section Division of Corporations				

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 **Articles of Amendment** 

to

**Articles of Incorporation** 

FILED

16 AUG 29 PH 2:05

## VCA MEDICAL. INC

EDICAL. INC

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

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

P07000016008

(Document Number of Corporation (if known)

endment(s) to

Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this Florida Profit (	Corporation adopts the following amendment
A. If amending name, enter the new n	ame of the corporation:	
	ntain the word "corporation," "company, nation "Corp," "Inc," or "Co". A profes. ntion," or the abbreviation "P.A."	
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		
D. If amending the registered agent an new registered agent and/or the ne	nd/or registered office address in Florida,	enter the name of the
Name of New Registered Agent	JULIO C MOLINA	
Name of New Registerea Agent	8260 W FLAGLER S	TREET
New Registered Office Address:	(Florida street address)	33144
	(City)	(Zip Code)
New Registered Agent's Signature, if a I hereby accept the appointment as regis	changing Registered Agent: tered agent. Yaha familiar with and accept	the obligations of the position.
<u></u>	ignature of New Registered Agent, if changing	ng

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P/D	NIOVES PORTILLO	2801 SW 3RD AVE
X Add			MIAMI. FL. 33129
Remove			
2) Change	Р	VINCENZO ALAIMO	2801 SW 3RD AVE
Add			MIAMI, FL. 33129
X Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del>.</del>		
Add			
Remove			

The date of each amendment(s) adoption: AUGUS I 15, 2013	, if other than th
date this document was signed.  AUGUST 15, 2013  Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted 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.	
AUGUST 15, 2013	
1/1	
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)	_
VINCENZO ALAIMO	
(Typed or printed name of person signing)	_
P/D	
(Title of person signing)	