P07000029345

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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Amend News

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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

	•	
NAME OF CORPORATION: AAAA W	EDICAL PROC	NOSIS, EVALUATION INC.
DOCUMENT NUMBER: PO 7 0	0002934	5
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
YO JAMES MU (Name of Contact	RPHY t Person)	
HAAA MEDIC (Firm/Comp		S EVALUATION, INC
472 DOVERS	7	
(Address)	
BOCA PAI	on, Fl 3348	37
For further information concerning this matter, please of	•	•
JAMES MURPHY at (Name of Contact Person)	(561) 504-5 (Area Code & Daytime Tele	087 phone Number)
Enclosed is a check for the following amount:		
Certificate of Status	643.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendment Section An Division of Corporations Div P.O. Box 6327 Cli Tallahassee, FL 32314 266	reet Address nendment Section vision of Corporations fton Building 61 Executive Center Circle llahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

AAAA	MEDICAL	PROGROSIS.	ENGLUATION, IN	c
		currently filed with the Flo		

(Name of corporation as currently filed with the Florida Dept. of State)
P070000 29 345
(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);
(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)
ANTICLE 5- OFFICERS
THE ARTICLES FOR OFFICERS SHALL
INCLUDE JAMES MURPHY AS
VICE PRESIDENT WHOSE ADDRESS SHALL
BE THE SAME AS THE PRINCIPLE OFFICE
OF THE CORPORATION.
472 DOUEN ST, BOCK RATON, Fl 33487
(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)

(continued)

The date of each amendment(s) adoption:
Effective date if applicable: 4 0 0 0 0 0 0 0 0 0
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)
(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 Outrois (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)
President (Title of person signing)
/ o. harnon a.D.m.D.

FILING FEE: \$35