

PO7000077660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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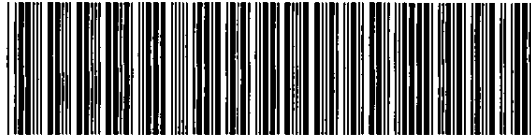
(Business Entity Name)

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2008 NOV 17 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

11-20-08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ATLANTIC LIFE MEDICAL SERVICES INC ■

DOCUMENT NUMBER: P07000077660 ■

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELADIO CABRERA
(Name of Contact Person)

ATLANTIC LIFE MEDICAL SERVICES INC
(Firm/ Company)

5200 SW 8 ST, SUITE 119
(Address)

CORAL GABLES, FL 33134
(City/ State and Zip Code)

For further information concerning this matter, please call:

ELADIO CABRERA at (305) 442-2623
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$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)

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

ATLANTIC LIFE MEDICAL SERVICES INC

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

P07000077660

(Document Number of Corporation (if known))

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

5200 SW 8Th St

Suite 119

Coral Gables, FL 33134

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

5200 SW 8th St

Suite 119

Coral Gables, FL 33134

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

ELADIO CABRERA

New Registered Office Address:

5200 SW 8th St, Suite 119

(Florida street address)

Coral Gables

(City)

, Florida 33134

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

see last page

Signature of New Registered Agent, if changing

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PTD	ELADIO CABRERA	9801 SW 74 ST MIAMI, FL 33173	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	JUAN J SALINA	5200 SW 8 ST SUITE 119 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
D	ELADIO CABRERA	5200 SW 8 ST SUITE 119 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an 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)

The date of each amendment(s) adoption: 11/01/2008

Effective date if applicable: 11/01/2008
(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.

Dated 11/10/2008

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)

ELADIO CABRERA

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)