

P070000111678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

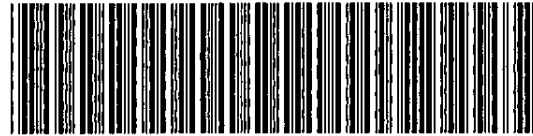
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900226604699

04/02/12--01027--016 *\$35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 27 AM 9:39

Amend
@ 4.30.12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: INTERACTIVE Medical Technologies Corp
DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Michael Laing
Name of Contact Person
Interactive Medical Technologies Corp
Firm/ Company
400 Northpoint Parkway, Suite 700
Address
West Palm Beach FL 33407
City/ State and Zip Code
MLaing@InteractiveMedTech.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Laing at (561) 775-4605
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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2012

MICHAEL LAING
INTERACTIVE MEDICAL TECHNOLOGIES, CORP.
400 NORTHPOINT PARKWAY - SUITE 700
WEST PALM BEACH, FL 33407

SUBJECT: INTERACTIVE MEDICAL TECHNOLOGIES, CORP.
Ref. Number: P07000111678

We have received your document for INTERACTIVE MEDICAL TECHNOLOGIES, CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

PLEASE CHECK ONLY 1(ONE) BOX REFERENCING THE ADOPTION OF THE AMENDMENT.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 312A00010832

Articles of Amendment
to
Articles of Incorporation
of

Interactive Medical Technologies Corp
(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 **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

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

N/A 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**)

N/A

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

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

N/A

(Florida street address)

New Registered Office Address:

N/A
(City)

Florida

(Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 27 AM 9:39

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.

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)

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>Change</u> <u>X</u> Add <u>Remove</u>	<u>D</u>	<u>DAVID M. VAUGHAN</u>	<u>109 OCEAN DRIVES Circle</u> <u>JUPITER FL 33477</u>
2) <u>Change</u> <u>X</u> Add <u>Remove</u>	<u>D</u>	<u>John D. CASE</u>	<u>139 ORCHID CAY</u> <u>Palma Beach Gardens FL 33418</u>
3) <u>Change</u> <u>Add</u> <u>Remove</u>	<u> </u>	<u> </u>	<u> </u>
4) <u>Change</u> <u>Add</u> <u>Remove</u>	<u> </u>	<u> </u>	<u> </u>
5) <u>Change</u> <u>Add</u> <u>Remove</u>	<u> </u>	<u> </u>	<u> </u>
6) <u>Change</u> <u>Add</u> <u>Remove</u>	<u> </u>	<u> </u>	<u> </u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

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)

N/A

The date of each amendment(s) adoption: _____

03/26/2012

Effective date if applicable: _____

03/27/2012

(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 Michael Laine."

(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 _____

03/28/2012

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)

Michael Laine

(Typed or printed name of person signing)

CEO

(Title of person signing)