

Div: SEP. -3. 2009 4:19 PM

CAPITAL CONNECTION

NO. 9558

Div: SEP. -3. 2009 4:19 PM Page 1 of 1

P08000002728

# Florida Department of State

Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000195273 3)))



H09000195273ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 222-1222

FILED  
09 SEP -3 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2009 SEP -3 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**

**1ST CHOICE MEDICAL SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

*Amended*

SEP. 3. 2009 4:19PM

CAPITAL CONNECTION 9 2009 4:19PM

CAPITAL CONN. 4958 P. 2

3. 2009 4:19

Florida Department of State  
Division of Corporations

Articles of Amendment  
to  
Articles of Incorporation  
of

Florida

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 SEP 13 AM 10:33

FILED

Amendment of State

1st Choice Medical Services, Inc  
(Name of Corporation as currently filed with the Florida Dept. of State)

P08000002728

(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:

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)

463237 State Road 200  
Yulee, FL 32097

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4645 Hunt Street  
Jacksonville, FL 32254

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:

New Registered Office Address:

(Florida street address)

(City)

Florida  
(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.

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) Corporation  
 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) Corporation

t of State

Florida Department of State

Title	Name	Address	Type of Action
<u>P</u>	<u>Dominic Brown</u>	<u>4645 Hunt Street</u> <u>Jacksonville, FL 32254</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>Eurachel Brown</u>	<u>4645 Hunt Street</u> <u>Jacksonville, FL 32254</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>M</u>	<u>Paulette Bell</u>	<u>463237 State Road 24</u> <u>Yulee, FL 32097</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

update address

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)

---

---

---

---

---

---

---

---

Director being The date of each amendment(s) adopted by Director, remove the title and name of each Director being removed and title, name and address (date of removal) or Director being added; removed a  
 Effective date if applicable (no more than 90 days after amendment file date) Effective date if applicable

## 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 9/3/09

Signature

Dominic Brown  
 (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)

Dominic Brown

(Typed or printed name of person signing)

President

(Title of person signing)