

P08000054193

(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



900184050859

09/15/10--01003--006 **18.75

08/16/10--01044--006 **25.00

FILED
10 SEP 15 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED
9-15

GP

(For Office Use Only)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Unique Medical Service
Name of Partnership

DOCUMENT NUMBER: PO8000054193

The enclosed Amendment to Partnership Registration and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patti A. Ferrero

Name of Person

A Unique Medical Service Inc.

Firm/Company

521 S W Stewart Loop

Address

Lake City, florida 32024

City/State and Zip Code

pattiferrero@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mae B Nichols

Name of Person

at (407)

323-6151

Area Code & Daytime Telephone Number

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E067 (10/07)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2010

PATTI A. FERRERO
A UNIQUE MEDICAL SERVICE INC.
521 SW STEWART LOOP
LAKE CITY, FL 32024

SUBJECT: A UNIQUE MEDICAL SERVICE, INC.
Ref. Number: P08000054193

We have received your document for A UNIQUE MEDICAL SERVICE, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE DOCUMENT SUBMITTED IS FOR A PARTNERSHIP. THE ENTITY MENTIONED IS A FLORIDA CORPORATION, NOT A PARTNERSHIP.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

There is a balance due of \$10.00.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 410A00020107



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2010

PATTI A. FERRERO
A UNIQUE MEDICAL SERVICE INC.
521 SW STEWART LOOP
LAKE CITY, FL 32024

SUBJECT: A UNIQUE MEDICAL SERVICE, INC.
Ref. Number: P08000054193

We have received your document for A UNIQUE MEDICAL SERVICE, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE DOCUMENT SUBMITTED IS FOR A PARTNERSHIP. THE ENTITY MENTIONED IS A FLORIDA CORPORATION, NOT A PARTNERSHIP.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

There is a balance due of \$10.00.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 410A00020107

Thank you.

Added \$8.75 for copy

RECEIVED
2010 SEP 14 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: A. Unique Medical Service, Inc.

DOCUMENT NUMBER: P08000054193

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

Please return all correspondence concerning this matter to the following:

Ratti A. Ferrero

Name of Contact Person

A Unique Medical Service Inc

Firm/ Company

521 S.W. Stewart Loop

Address

Lake City, FL 32024

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mae B. Nichols

Name of Contact Person

at (407) 323-6151

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

A Unique Medical Service Inc.

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

P08000054193

(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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 15 PM 3:08

FILED

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

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)

_____, Florida _____
(City) (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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
ST	Beverly Gresham	786 W. 9 Street Deltona, FL 32725	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input 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: August 1, 2010
(date of adoption is required)
Effective date if applicable: August 1, 2010
(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 Sept 7, 2010

Signature Patti A. Ferrero
(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)

PATTI A. FERRERO
(Typed or printed name of person signing)

PRES.
(Title of person signing)