## D08000084389

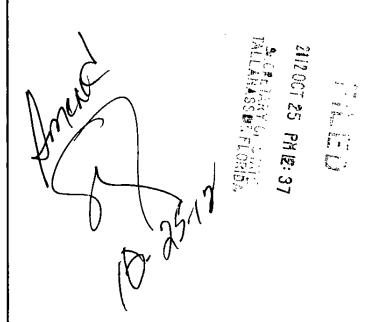
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations Physician's Choice Medical Billing Services of South Florida, Inc. NAME OF CORPORATION: P08000084389 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Adam Colton Name of Contact Person Physician's Choice Medical Billing Services of South Florida, Inc. Firm/ Company 9600 W. Sample Road #203 Address Coral Springs, FI 33065 City/ State and Zip Code ADAM@PCMBILLING.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Adam Colton Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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(Name of Corporation as currently filed with the Florida Dept. of State) P08000084389 (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 name must he 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: Adam Colton, President Name of New Registered Agent 9600 W. Sample Road #203 (Florida street address) Coral Springs New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I ga 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: X Change	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Р	Kylie Pierson	9600 W. Sample Road #203
Add X Remove			Coral Springs, FI 33065
2) Change	PSD	Adam Colton	9600 W. Sample Road #203
X Add			Coral Springs, Fl 33065
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
· Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)	
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If an a	n amendment provides for an exchange, reclassification, or cancellation of i	ssued shares,
prov	ovisions for implementing the amendment if not contained in the amendmen (if not applicable, indicate N/A)	it itseit:
(	(i) not applicable, matcule N/A)	
	$\mathcal{N}\mathcal{A}$	

The date of each amendment(s) adoption: October 1, 2012	
Effective date if applicable: October 1, 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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	it
"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.	
October 1, 2012	
Signature Colt	
(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)	
Adam Colton	
(Typed or printed name of person signing)	
President	
(Title of person signing)	