P0900090381

(Re	questor's Name)	
(Add	dress)	
(Add	dre s s)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(D.)	-in Entite Non	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u>.</u>		

Office Use Only



000209521800

07/07/11--01019--005 **35.00

ANY OF STATE

O7-12-11

DC

COVER LETTER

'TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION:	PHYSICI	AN E	XTEN	DERS	SER	VICES INC	<u> </u>
DOCUMENT N	J MBER:			P09	00009	0381		
The enclosed Arti	cles of Amendmen	and fee are s	ubmitte	ed for fi	ling.			
Please return all c	orrespondence cond	cerning this m	atter to	the foll	owing:			
		·		ROSH		· · · · · · · · · · · · · · · · · · ·		
		Name	or Cont	act Perso	n			
	PHY	SICIAN EXT			RVICES	SINC		
	Firm/ Company							
	1001 N FEDERAL HWY, SUTE # 355							
Address								
		HALLANDAI	LE BE	ACH, F	L 3300	9		
		City/ S	State and	Zip Cod	e			
	YARC E-mail address	SH@EXTEN	IDERS	GROL	JP.COM	(ation)		
For further inform	ation concerning th	is matter, plea	ise call	:				
	RICK YAROSH		at (954)	45	55-5833	
Name	e of Contact Person		_		de & Day	time Tele	phone Number	
Enclosed is a chec	k for the following	amount made	payabl	e to the	Florida	Departi	ment of State	:
☑ \$35 Filing Fee	\$43.75 Filing F Certificate of S		Cert	75 Filing ified Cop litional co		losed)	\$52.50 Filin Certificate of Certified Co (Additional	of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amen Divisi Clifto	n Buildi	Section orporation		;		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

PHYSICIAN EXTENDERS SERVICES,INC.

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

P09000090381

(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:

word "corporation," "co signation "Corp," "Inc," o sional association," or the o	mpany," or "incorporated" or ti r "Co". A professional corporation abbreviation "P.A."
able: (DDRESS)	
BOX)	
stered office address in Flo ed office address:	orida, enter the name of the
(Florida street addre	ss)
	signation "Corp." "Inc." or the constant association." or the constant association." or the constant association.

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:

(Altach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
S-T	TODD D THOMASON	7410 NW 19TH DRIVE PEMBROKE PINES, FL 33024	☐ Add ☐ Remove
			Add Remove
			Add Remove
	ling or adding additional Articles, endditional sheets, if necessary). (Be sp		
provisio		reclassification, or cancellation of iss t if not contained in the amendment i	

The date of each amendmen	t(s) adoption: JUNE 22, 2011
Effective date if applicable:	JUNE 22, 2011 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemented 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
	Rich Gnal
Signature(By	a director, president or other officer – if directors or officers have not been
sele	ected, by an incorporator – if in the hands of a receiver, trustee, or other court
арр	ointed fiduciary by that fiduciary)
	Rick Yarosh (Typed or printed name of person signing)
	Presiden t (Title of person signing)
	(Title of person signing)