

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : SWART BAUMRUK & COMPANY, LLP
Account Number : I20000000291
Phone : (407) 847-7466
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
TRIQUEST CLINICAL RESEARCH INC.**

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Amend.

11/24/10

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Corporate Filing Menu

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November 24, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations

TRIQUEST CLINICAL RESEARCH INC.
4403 URBANA DR.
SUITE 106
ORLANDO, FL 32837

SUBJECT: TRIQUEST CLINICAL RESEARCH INC.
REF: P10000009325

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

FAX Aud. #: H10000254099
Letter Number: 410A00027545

RECEIVED
10 NOV 24 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Articles of Amendment
to
Articles of Incorporation
of

Triquest Clinical Research Inc.

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

P10000009325

(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**)

13574 Village Park Drive

Suite 235

Orlando, FL 32837

C. Enter new mailing address, if applicable:

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

13574 Village Park Drive

Suite 235

Orlando, FL 32837

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

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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>
<u>P</u>	<u>Anthony E Fischer</u>	<u>11826 S. Willdale Cir.</u> <u>Houston, TX 77071</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>PD</u>	<u>Michael T. Rivera</u>	<u>4403 Urbana Dr. Suite 106</u> <u>Orlando, FL 32837</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VPSP</u>	<u>Paul Vinaipanich</u>	<u>13312 Twin Wood Lane</u> <u>#1819</u> <u>Orlando, FL 32837</u>	<input checked="" 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)

Michael T. Rivera - Title changed to PD, Address same.

Paul Vinaipanich - Title changed to VPSP, Address changed.

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)

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The date of each amendment(s) adoption: 9/30/10
(date of adoption is required)
Effective date if applicable: 9/30/10
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

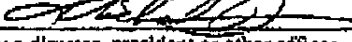
- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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 11/16/10

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 T. Rivera
(Typed or printed name of person signing)

President
(Title of person signing)

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