Division of Corporations 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.

(((H11000289136 3)))



H110002891363ABC+

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 : CORPOLICENSE, INC

Account Number : 120050000118 Phone : (305)774-9606

Fax Number : (305)774-9660

\*\*Enter the email address for this business entity to be used for father annual report mailings. Enter only one email address please.\*\*

Email Address:

altanirano Elia @ Yalso. com

1 DEC -9 AM 8: 00

## COR AMND/RESTATE/CORRECT OR O/D RESIGN COUNTY MEDICAL TRANS, CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

A 12/9/2011

H 11000 289136

## ARTICLES OF AMENDMENT OF COUNTY MEDICAL TRANS, CORP P10000017751

A pursuant provision of section 60 7.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended added or Deleted.

## ARTICLE VII:

This article is being modified in the following way:

ADD:

CLARA QUINTELA AS VICEPRESIDENT 10010 SW 2ND STREET MIAMI FL 33174 SEURCIASY OF STATES
TALLAHASSEE, FLORIDA

	ND: If an amendment provides for an exchange, reclassification or cancellation ed shares, provisions for implementing the amendment if not contained in the ment itself, are as follows:
	December 09, 2011
ТНЦ	RD: The date of each amendment's adoption:
FOU:	RTH: Adoption of Amendment(s) (CHECK ONE)
	The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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"

H11000289136

v	otir	10	group	
Ŧ	~,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<b>X.I V UI V</b>	

	The amendment						
	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.						
Signed	09 d this	_ day of	December	2011	·	SE TAL	<u>.</u>
	(By the Chairman of adopted by the	shareholders)	onan of the Board o OR otor if adopted b			UNE TABY OF LAHASSEE, F	FILE
	(Ву	an incorpor	OR ator if adopted !	by the incorpora	ators)	STATE LORIDA	O
Signat	ture: <u>Elia</u>	Nario	altoni	ano	·*·		

Elia M. Altamirano - President