P10000041179

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
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Amen



COVER LETTER

TO: Amendment Division of C			
NAME OF COR	PORATION:	ital Medical Co	Smmunications Inc.
DOCUMENT NU	J MBER:	10000041	779
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
	John	lame of Contact Person	
	Digital Me	dical Communicat	ions, The
	3108 N	Federal Highw Address	ay
	Lighthouse	e Point F2 3 Sity/ State and Zip Code	3064
	E-mail address: (to be use	d for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
		at(202) 258	
	e of Contact Person	Area Code & Daytime Tel	
Enclosed is a chec	k for the following amount ::	nade payable to the Florida Depar	tment 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 A		Street Address	
Amendmer Division of	it Section Corporations	Amendment Section Division of Corporations	
P.O. Box 6		Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

with 15% of Amendment Articles of Incorporation 0000041 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopt amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and comain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," while description "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 5108 N Federal Itishway B. Enter new principal office address, if applicable. (Principal office address MUST BE A STREET ADDRESS) Lthouse Bint, FZ 33064 C. Enter new mailing address, if applicable. 3108 N Federal Highway (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: New Registered Agent's Signature, if changing Registered-Agent: I hereby accept the appointment as registered agen. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Page 1 of 3

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>.\ddress</u>	Type of Action
VP	Gold Coast	Physician Pahos, 2000 Pone Dec Corol Gables, F	□ Add
	<u> </u>	2100 Pore Dec	Remove
		Corol Gables F	C 22124
			□ Add
			☐ Remove
		-	
E. If amend	<mark>ling or adding additional A</mark> r	ticles, enter change(s) here:	
(attach ad	lditional sheets, if necessary).	(Be specific)	
	· · · · · · · · · · · · · · · · · · ·		

F. If an an	nendment provides for an ex	change, reclassification, or cancellat	ion of issued shares,
		endment if not contained in the amei	
(if no	ot applicable, indicate N/A)	• •	
			•
		•	
			· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s)	adoption: 10-7-2010
. , Effective date <u>if applicable</u> :	(date of adoption is required)
	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were as by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statement 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	
(vo	ting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
Signature (By a d selected	irector president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
_	(Typed or printed name of person signing) President (Title of person signing)