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.

(((H14000200057 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

: (850)617-6380

From:

P.A.

Account Name

: TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS,

Account Number : 076424003301 Phone

Fax Number

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

Email Address:_

COR AMND/RESTATE/CORRECT OR O/D RESIGN. FLORIDA MEDICAL STAT LABORATORY, INC.



Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation MIL AUG 25 PH 12: TATE ORIDA

FLORIDA MEDICAL STAT LABORATORY, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)
P1000071260

(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:

ame must be distinguishable and contain the	a word "cornoration"	"sommany " or	"incorpora	The t
Corp.," "Inc.," or Co.," or the designation " word "chartered," "professional association," o	'Corp, " "Inc," or "Co"	. A professiona		
i. Enter new principal office address, if appl Principal office address <u>MUST RR A STREE</u> I				-
	-			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)			
		., , , , , , , , , , , , , , , , , , ,		
 If amending the registered agent and/or re new registered agent and/or the new regis 		in Florida, ente	er the name	of the
D. If amending the registered agent and/or renew registered agent and/or the new registered Agent Name of New Registered Agent	tered office address:	in Florida, ente	er the name	of the
new registered agent and/or the new regis	tered office address:		er the name	of the
new registered agent and/or the new regis	tered office address: (Florida street o		er the name	-
new registered agent and/or the new regis Name of New Registered Agent	tered office address:			of the
new registered agent and/or the new regis Name of New Registered Agent	tered office address: (Florida street o			-

Example:

Page 3

(((H14000200057 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)

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	s	Matthew Schulz	50 Central Avenue
Add			Suite 950
Remove			Sarasota, FL 34236
2) Change		_	
Add			
Remove		•	
3) Change			
Add			WIRDON CO.
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change		<u> </u>	·
Add			
Remove			***************************************
5) Change			
Add Add			
Remove			
6) Change			
Add			
Remove			

(((H14000200057 3)))

gending or adding additional A ch additional sheets, if necessary). (Be specific)			
		•		
	· · · · · · · · · · · · · · · · · · ·			
······································				<u></u>
			· · · · · · · · · · · · · · · · · · ·	
.				
				
		•		
				
gmendment provides for an e	xchange, reclassificat	ion, or cancellation	of issued shares.	
visions for implementing the a	mendment if not cont	ained in the amendr	ment itself:	
(if not applicable, indicate N/A)			
		 		
•				
				<u>-</u>
			A CONTRACTOR OF THE CONTRACTOR	

KEMKER

TKACCUFAX1.4.7

(((H14000200057 3)))

The date of each amendment(s) a date this document was signed.	adoption:	, if other than th
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac by the shareholders was/were a	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes car	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	8/22/14	
Signature	Mulhling War Co.	
(By a	director, president or other officer if directors or officers have not been	
	ted, by an incorporator — if in the hamds of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	MUKHTAR RAZA	
	(Typed or printed name of person signing)	_
	President	•
	(Title of person signing)	