## P10000071260

(Re	equestor's Name)				
(Ac	ddress)				
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(Ci	ty/State/Zip/Phone	· #)			
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BIVER OF CORPORATION.

14 AUG 27 PM 2: 23

C. LEWIS

SEP 4 2014

EXAMINER

## **COVER LETTER**

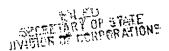
TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FLORIDA MEDICAL STAT LABORATORY, INC						
P1000071260						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Matthew Schulz Name of Contact Person						
Firm/ Company						
50 Central Ave Suite 950						
Address						
Sarasata, F2 34236 City/ State and Zip Code						
City/ State and Zip Code						
MSCHUZ awsig. Com  E-mail address: (to be used for future annual report notification)						
. E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Matthew Schult at 941, 915-7982						
Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  \$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional Copy is enclosed)						
Mailing Address  Amendment Section  Division of Corporations  Division of Corporations  Civil Partition						

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation



## FLORIDA MEDICAL STAT LABORATORY, INC.

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

P10000071260 (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: 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) C. Enter new mailing address, if applicable: (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 (Florida street address) New Registered Office Address: \_ Florida (City) (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.

Page 1 of 4

Signature of New Registered Agent, if changing

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	ž					
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								
Remove					· ·			
4) Change			<del>.</del>					
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Remove								
5) Change		<del></del>						
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6) Change	<del></del>	<del></del>						
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Remove								

	(Be specific)
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If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares.
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption: _date this document was signed.	THE TOP STATE TO STAT	_, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (C	CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient fo	ne shareholders. The number of votes cast for the amendment(s) r approval.	
	the shareholders through voting groups. The following statement ng group entitled to vote separately on the amendment(s):	
	nendment(s) was/were sufficient for approval	
by		
<i>(</i> 1	voting group)	
action was not required.	ne board of directors without shareholder action and shareholder ne incorporators without shareholder action and shareholder	
Signature (By a director, p	esident or other officer if directors or officers have not been	<del></del>
selected, by an in	ncorporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)	
MUKH	TAR RAZA	
	(Typed or printed name of person signing)	
Preside	ent	1
	(Title of person signing)	<del></del>