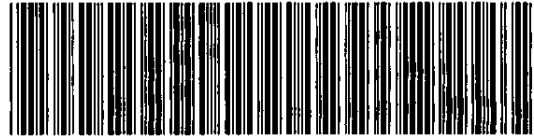


P10000074318



100185425211

09/22/10--01021--012 \*\*35.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

FILED

2010 OCT -4 AM 9: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend*

TB OCT -5 2010

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** S.O.S. HELP MEDICAL SERVICE, CORP

**DOCUMENT NUMBER:** P10000074318

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELSA ROMERO

Name of Contact Person

S.O.S. HELP MEDICAL SERVICE, CORP

Firm/ Company

7801 CORAL WAY SUITE 121

Address

MIAMI, FL 33155

City/ State and Zip Code

ACOTAX44@YAHOO.COM

E-mail address\* (to be used for future annual report notification)

For further information concerning this matter, please call:

ELSA ROMERO

Name of Contact Person

at ( 305 )

267-8752

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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 Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 23, 2010

ELSA ROMERO  
S.O.S. HELP MEDICAL SERVICE, CORP  
7801 CORAL WAY STE 121  
MIAMI, FL 33155

SUBJECT: S.O.S. HELP MEDICAL SERVICE, CORP  
Ref. Number: P10000074318

We have received your document for S.O.S. HELP MEDICAL SERVICE, CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 210A00022699

Articles of Amendment  
to  
Articles of Incorporation  
of

S.O.S. HELP MEDICAL SERVICE, CORP

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

P10000074318

(Document Number of Corporation (if known))

FILED  
2010 OCT -4 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**)

7801 CORAL WAY

SUITE 121

MIAMI, FL 33155

**C. Enter new mailing address, if applicable:**

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

7801 CORAL WAY

SUITE 121

MIAMI, FL 33155

**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:

ELSA ROMERO

New Registered Office Address:

7801 CORAL WAY SUITE 121

(Florida street address)

MIAMI, FL

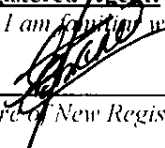
(City)

Florida 33155

(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

**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>
P	_____	ELSA ROMERO 7801 CORAL WAY SUITE 121 MIAMI, FL 33155	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	_____	ELSA ROMERO 3338 SW 9 TERRACE MIAMI, FL 33135	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	_____	_____	<input 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)*

NONE

---

---

---

---

---

---

---

---

---

---

**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)*

NONE

---

---

---

---

---

---

---

---

---

---

The date of each amendment(s) adoption: 9/18/2010

*(date of adoption is required)*

Effective date if applicable: IMMEDIATE

*(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 9/18/2010

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)*

**ELSA ROMERO**

\_\_\_\_\_  
*(Typed or printed name of person signing)*

**PRESIDENT**

\_\_\_\_\_  
*(Title of person signing)*