## P10000078609

(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:	]
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March 23, 2018

FAITHLYN PATTERSON PO BOX 100163 FT. LAUDERDALE, FL 33310

SUBJECT: PROGRESSIVE MEDICAL SOLUTION, INC.

Ref. Number: P10000078609

We have received your document for PROGRESSIVE MEDICAL SOLUTION, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$52.50.

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) 245-6050.

Susan Tallent Regulatory Specialist II

18 APR -9 PH 2: 27
SECRETARY OF STATE
SECRETARY OF STATE

Letter Number: 718A00005947

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	: PROGRESSIVE	MEDICAL SOLUTION, IN	IC.		
DOCUMENT NUMBER: P	0000078609	<del>-</del>			
The enclosed Articles of Amen	dment and fee are su	bmitted for filing.			
Please return all correspondence	e concerning this ma	tter to the following:			
		Faithlyn Patterson			
	Name of Contact Person				
<u></u>		Firm/ Company	<del></del>		
		P O BOX 100163			
	<del></del>	Address			
		City/ State and Zip Code			
	ī	FT. LAUDERDALE, FL 333	510 gr		
E-n	nail address: (to be u	sed for future annual report r	otification)		
For further information concern	ning this matter, pleas	se call:			
Faithlyn Patterson		954 at (	224 0555		
Name of Contac	ct Person	Area Cod	e & Daytime Telephone Number		
Enclosed is a check for the foll	owing amount made	payable to the Florida Depar	tment of State:		
	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  2 O. Box 6327 Fallahassee, FL 32314		Divisior Clifton l 2661 Ex	nent Section of Corporations Building secutive Center Circle ssee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

ROGRESSIVE MEDICAL SOLUTION, INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
10000078609	
(Document Number of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s Articles of Incorporation:	) to
. If amending name, enter the new name of the corporation:	
Poctor's Billing & Collection, Inc	
ame 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 ord "chartered," "professional association," or the abbreviation "P.A."	
Principal office address MUST BE A STREET ADDRESS )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	i <b>5</b>
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:  (Giv)  (Zip Code)	
Sew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the abligations of the position.  Signature of New Registered Agent, if changing	
Page 1 of 4	

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.

Mike Jones, V as Remov Example:	e, and Sa	lly Smith, SV as an Add.	
X Change	<u>1'4</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change	<del>-</del>		
Add			
Remove			/
4) Change		_	
Add			
Remove	,		
5) Change			<del></del>
Add	//		
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
- 17-10-2	
<u> </u>	
	·
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	1
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	$\frac{1}{2}$

	. 01/05/2018	
The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.	5/3010	
Effective date <u>if applicable</u> :	5/2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date was partment of State's records.	fill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	proved 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	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
	23-19-2018	
selecte	lirector, 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 ted fiduciary by that fiduciary)	
	FAITHLYN PATTERSON	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	