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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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02/18/13--01008--027 **35.00

SECRETARY OF STATE STATE

Amend Ga 2/19/13

COVER LETTER

Division of Corporations NAME OF CORPORATION: Electronic Medical Billing Group, Inc. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company FL 33009 City/ State and Zip Code For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□**\$43.75 Filing Fee & **□**\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

TO: Amendment Section

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

(Additional Copy is enclosed)

Articles of Amendment

Articles of Incorporation

Electronic me	dical	Billir	a Group), INC.
(Name of Corporation as currently	y filed with the Fl	orida Dept. of Stat		, .
P110	7000	1400		
(Document Number	of Corporation (if	known)		
Pursuant to the provisions of section 607,1006, Flor its Articles of Incorporation:	rida Statutes, this I	Florida Profit Corpo	pration adopts the follow	ring amendment(s) to
A. If amending name, enter the new name of the	corporation:			
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or th	orp," "Inc," or "C	Co". A professiona	"incorporated" or the l corporation name mus	The new abbreviation st contain the
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B D. If amending the registered agent and/or registered agent and/or the new registered	tered office addre	ess in Florida, ente	r the name of the	13 FEB 18 NH 8
Name of New Registered Agent				4 5
	(Florida stree	et address)		
New Registered Office Address:			, Florida	
New Registered Agent's Signature, if changing R			(Zip Code)	
hereby accept the appointment as registered agent.	t. I am familiar wi	th and accept the o	bligations of the position	
Signature of i	New Registered As	ent, 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 <math>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.

Example:	,	y c.m., c a	
X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Brandon Webman	Address 1257 F Wallandala Boh Bho
1) X Change Add	Υ	Oral Carl Welling	1750 E Hallandale Boh Bh
Remove			Hallandaley Fr 33009
2) Change			
Add			
Remove			No. of the latest and
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change		-	
Add			
Remove			

acn additional sneets, tj	lditional Articles, en f necessary). (Be sp	pecific)		
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n amendment provide ovisions for implemen	s for an exchange, re	eclassification, o	r cancellation of	issued shares,
(if not applicable, ind	licate N/A)	n not contained	m the amenume	nt risen.
				

The date of each amendment(s) a	dention: 02/15/13
	1 1
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
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) afficient for approval.
	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)
ction was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated 09	12/13
Signature	5~ 1~~
	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
appoint	ted fiduciary by that fiduciary)
	Brandan Webman
	(Typed or printed name of person signing)
	President.
	(Title of person signing)