P11000107477

(Re	equestor's Name)	•
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
<u> </u>	 -	······································
Special Instructions to	Filing Officer:	
		ł

Office Use Only



400261380124

08/20/14--01005--015 **52.50

STARE TARY OF STATE
DIVISION OF CHRPORATION

C. LEWIS

JUL 8 2014

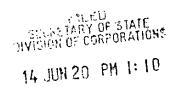
EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	D110010747		SERVICES. INC	
The enclosed Articles	of Amendment and fee are sub	omitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
	EMMANUEL JOS	E		
		Name of Contact Persor	<u> </u>	
	IN-HOUSE DIAG	NOSTIC SERVI	CES INC	
		Firm/ Company		
1489 N MILITARY TRAIL, SUITE # 217				
Address				
	WEST PALM BEACH, FL 33409-6057			
		City/ State and Zip Code	2	
sar	u emm@yahoo.d	om		
		ed for future annual report	notification)	
For further information	n concerning this matter, pleas			
EMMANUEL	JOSE	_{at (} 561	₎ 712-1285	
Name o	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	artment 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)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of



IN-HOUSE DIAGNOSTIC SERVICES, INC

(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment 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) 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:	(Name of Corporation as currently filed with the Flo		
(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment 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) C. Enter new 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 registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code)			
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) 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:	•		
The new mame 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 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: (City) (Zip Code)		Florida Profit Corporation adopts the following	3 amendment(s
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: (City) (Zip Code)	A. If amending name, enter the new name of the corporation:		
"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: (City) (Zip Code)			
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: (City) (Zip Code)	"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C	Co". A professional corporation name must c	obreviation contain the
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: (City) (Zip Code)			
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: (City) (Zip Code)		 	•
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: (City) (Zip Code)			
Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code)	C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		-
Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code)			_
Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code)			
(Florida street address) New Registered Office Address:, Florida (City) (Zip Code)			,
(Florida street address) New Registered Office Address:, Florida (City) (Zip Code)	Name of New Registered Agent		
New Registered Office Address:, Florida			
(City) (Zip Code)	(Florida stree	et 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.	hereby accept the appointment as registered agent. I am familiar w	ith 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, ar 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 officeld. 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
. X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	JOSE, EMMANUEL	1489 N MILITARY TRAIL
Add			SUITE # 217
Remove			WPB, FL 33409-6057
2) Change	VD	VIROJA, RITA	1489 N MILITARY TRAIL
Add			SUITE # 217
Remove			WPB, FL 33409-6057
3) Change	D	CROES, IVAR S	1489 N MILITARY TRAIL
Add			SUITE # 217
Remove			WPB, FL 33409-6057
4) Change	SD	THOMAS, JOJI	1489 N MILITARY TRAIL
Add			SUITE # 217
Remove			WPB, FL 33409-6057
5) Change			
Add			
Remove			-
6) Change			
Add			
Remove			

). (Be specific)	
		
F. If an amendment provides for an eprovisions for implementing the a (if not applicable, indicate N/A)	schange, reclassification, or cancellation of issued mendment if not contained in the amendment itse	d shares, elf:

The date of each amendment(s) adoption: 06/10/2014	. if	other than
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 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.	14 JUN 20	14.00 mg/s
Dated_06/17/2014	` <u>```</u>	
Dated	ြိ	일본,
Signature	P# : 10	
(By a director, president or other officer – if directors or officers have not been		RATA
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	01	DHS DHS
EMMANUEL JOSE		
(Typed or printed name of person signing)		
PRESIDENT/DIRECTOR		
(Title of person signing)		