## P12000073307

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TALL ANASSEL FLORIDS

C. LEWIS

May 2 2014

EXAMINER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: EAL MEDICAL GROUP, INC.					
DOCUMENT NUMBER: P12000073307					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
TODD R. BOMSER, CPA					
GOTTESMAN, BOMSER & CO., PA					
Firm/ Company 8211 W. BROWARD BLVD, SUITE 440					
PLANTATION, FL 33324					
City/ State and Zip Code					
TODD@GBC1040.COM  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
TODD R. BOMSER, CPA at (954 ) 321-9991					
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)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

APPRUYEL AND FILED

## **Articles of Amendment** to

14 APR 24 AM 10: 41

	Articles of Inco	rporation		******
,	of		SECRETARY OF S TALLAHASSEE, FL	ดิสเอิล
Fal Med	ical Gra	us . Inc.	TALLAMASSIE	_0,,,,,,,
(Name of Corporation as curr	ently filed with the Flo	rida Dept. of State)		
$\mathcal{P}_{i}$	220007	3307		
(Document Nur	nber of Corporation (if	known)	<del></del>	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this F	llorida Profit Corporation ad	dopts the following amendn	nent(s) to
A. If amending name, enter the new name o	f the corporation:			
			The ne	ew.
"Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"  B. Enter new principal office address, if app	or the abbreviation "P	o". A professional corpord .A."	ution name must contain th	he
(Principal office address MUST BE A STREE				
	·		<u></u>	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI				
		<del></del> .	<del></del>	
D. If amending the registered agent and/or i		ss in Florida, enter the nan	ne of the	
new registered agent and/or the new regi	stered office address:			
Name of New Registered Agent			_	
			•	
	(Florida stree	et address)		
•	(1 101 144 617 66			
New Registered Office Address:	(2)	, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changi I hereby accept the appointment as registered a		th and accent the obligation	s of the position	
co, accept the appointment as registered t	igem. Fum jummar Wi	in and accept the outigution	s oj те розшон.	
Signatur	re of New Registered Ag	gent, 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:

(Affach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treusurer; 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.

Example: X_Change	<u>PT</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	VP	THAFER HANINI	18 HUNTINGTON TERR
Add			TOTOWA, NJ 07512
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)	
	# 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1	
4 - 44 - 8 - 10 - 10 - 10 - 10 - 10 - 10 - 10		
	Del Claudebasse	
t an amendment provides for an exc provisions for implementing the amo	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		



The date of each amendment(s) adoption: APRIL 21, 2014 date this document was signed.	14 APR 24 AH 10: 41	, if other than the
Effective date if applicable:	SECRETARY UP STATE TALLAHASSEE, FLORIDA	
(no more than 90 days a	fter amendment file date)	<del></del>
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	r of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholders through vot must be separately provided for each voting group entitled to vote separately		
"The number of votes cast for the amendment(s) was/were suffici	ent for approval	
by(voting group)	,,,	
(voting group)		
The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporators without shar action was not required.	eholder action and shareholder	
Dated 4/21/14		
Signature (By a director, president or other officer – if c	Linestone on officers have not been	<del></del>
selected, by an incorporator - if in the hands		
appointed fiduciary by that fiduciary)	••••••	
Abe Auesh		
(Typed or printed n	ame of person signing)	
President		
(Title of pe	rson signing)	