P13000042451

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

C. LEWIS

NOV 1 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MEDICAL	RECOVERY SY	STEMS INC.			
DOCUMENT NUMBER: P-13000042451						
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all correspondence concerning this matter to the following:						
	GILBERT HERNANDEZ					
		Name of Contact Person	•			
	MEDICAL RECO	VERY SYSTEM	S INC.			
	Firm/ Company					
	6801 LAKE WORTH ROAD SUITE # 339					
		Address				
	GREENACRES,	FL 33467				
		City/ State and Zip Code	2			
HM	1RNY@VERIZON					
	E-mail address; (to be us	sed for future annual report	notification)			
For further information concerning this matter, please call:						
GILBERT HERNANDEZ at (561) 357-8171						
Name	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	☐\$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						

APPROVEO AND FILED

Articles of Amendment Articles of Incorporation

13 0CT 28 PM 1: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of Corporation as	currently filed with the Flor	ride Dent of State)		
P-13000042451	currently med with the 1 to	ida Dept. 61 State)		
(Documer	at Number of Corporation (if k	nown)	· · · · · · · · · · · · · · · · · · ·	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Flo	orida Profit Corporation a	dopts the following	amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
				The new
name must be distinguishable and con. "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	". A professional corpor		
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>	if applicable: TREET ADDRESS)			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	cable: OFFICE BOX)			
D. If amending the registered agent an		s in Florida, enter the na	me of the	
new registered agent and/or the new registered office address: Name of New Registered Agent MAYRA P. GARCIA				
Name of New Registered Agent	6801 LAKE WOR		-)	
	(Florida street		_	
New Registered Office Address:	GREENACRES	, Florida	33467	
	(City)		(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:			
I hereby accept the appointment as regist	eredligeni. 1 am fanttiffi sfii. WAA	h and accept the obligation WWW	ns of the position.	
Šiį	gndture dfNew Registered Age	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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	GILBERT HERNANDEZ	6801 LAKE WORTH ROAD
Add			SUITE # 339
Remove			GREENACRES, FL 33467
2) Change	P	MAYRA P. GARCIA	6801 LAKE WORTH ROAD
Add			SUITE # 339
Remove			GREENACRES, FL 33467
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			,
Remove			

A STATE OF S	icles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
	10000 Black in a service in the control of the cont
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an indication in the amendment itself:
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APPROVED AND FILED

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•		13 OCT 2	8 PM 1:35
The date of each amendment(s) adoption: 10/17/2013		SECRETAG	Void other than the
date this document was signed.	, aud prion:	TALLAHAS	Y of other than the SEE, FLORIDA
Effective date if applicable:	0/17/2013		
,	(no more than 90 days a	fter amendment file date)	•
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number sufficient for approval.	of votes cast for the amendment(s)	
	approved by the shareholders through vot for each voting group entitled to vote sep		
"The number of votes of	ast for the amendment(s) was/were suffici	ent for approval	
by	(voting group)	,,,	
action was not required. The amendment(s) was/were	adopted by the board of directors without adopted by the incorporators without share		
action was not required. Dated 10/17	/2013 LBERT HEBNANDEZ		
(By, y €le	a director, president or other officer – You cted, by an incorporator – if in the hands ointed fiduciary by that fiduciary)		
	GILBERT HERNANDEZ		
	(Typed or printed n	ame of person signing)	
	DIRECTOR		
	(Title of pe	rson signing)	