P14000027361

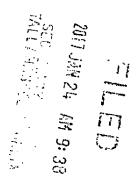
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. PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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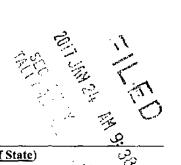
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MEDICAL AMER	JCA PHARMA SERVICE	S, INC.		
DOCUMENT NUMB	ER: P14000027361				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	DAVID POCES				
•		Name of Contact Person	1		
		Firm/ Company			
	PO BOX 1088				
•	Address				
	BOCA RATON, FL 33429				
•		City/ State and Zip Cod	e		
BIOR	EAD.MICHELE@HOTMAI	L.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
DAVID POCES		at (⁵⁶¹	302-6820		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 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		Ameno Divisio Clifton	Address Iment Section on of Corporations Building		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



MEDICAL AMERICA PHARMA SERVICES, INC.

(Name of Corporation as curre	ently filed with the Florida Dept. of State)	.	
P14000027361		i Sagra i Sagra Sagra i Sagra i	
(Document Number	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his Florida Profit Corporation adopts the follow	ring amendment(s) t	
A. If amending name, enter the new name of the corporation:			
MEDICAL AMERICA LAB SERVICES, INC.		The new	
name must be distinguishable and contain the word "corpore" ("Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," oword "chartered," "professional association," or the abbreviation	or "Co". A professional corporation name mus	abbreviation	
B. Enter new principal office address, if applicable:	1446 NW BOCA RATON BLVD., SUITE 105		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	BOCA RATON, FL 33432	,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 1088		
	BOCA RATON, FL 33429		
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add			
N/A	10091		
Name of New Registered Agent			
	a street adaress)		
New Registered Office Address:	, Florida		
	(City) (Zi	ip Code)	
N/A		ip Code)	
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili			
i nervoy accept the appointment as registered agent. I am famili	iar wiin and accept the obligations of the position	n .	
Signature of Ne	w 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, 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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_	N/A	
Add				
Remove				
2)Change		_		
Add				
Remove				
3)Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
N/A	1	
·	·	
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, indiment if not contained in the amendment itself:	
N/A		
		

The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date vartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoptaction was not required.	sted by the incorporators without shareholder action and shareholder	
1/18/17 Dated		
Signature	Penil Poces	
selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diffiduciary by that fiduciary)	
1	DAVID POCES	
-	(Typed or printed name of person signing)	
1	PRESIDENT	
-	(Title of person signing)	