P15000044556

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000251205 3)))

H15000251205 3ABCV

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

2015 OCT 20 PM 2:30
FILED

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

## COR AMND/RESTATE/CORRECT OR O/D RESIGN
## WOUND CARE SPECIALIST WEST COAST INC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | $35.00 |

Electronic Filing Menu Corporate Filing Menu Help

**Articles of Amendment**
**to**
**Articles of Incorporation**
**of**

Wound Care Specialist West Coast INC

Florida Document Number: P15000014556

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

Maylidys Sabian Mendez - Add as (VP)

FILED
2015 OCT 20 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

These articles of amendment were adopted on 10-20-15.

The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.

Signature

Chris R Martinez (P)

Printed Name and Title

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.*

Signature of New Registered Agent, if changing