

Division of Corporations

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P150003101

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.

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : JOHN L. TOMLINSON

Account Number : I19980000017

Phone : (954) 771-9336

Fax Number : (954) 771-9488

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAR -6 A 10:40

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:

John@TandCCPA.Com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
GMDS USA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

T. L. EMERY

MAR 07 2017

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FILED

Articles of Amendment
to
Articles of Incorporation
of
GMDS USA, INC.

2017 MAR -6 A 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000031101

(Document Number of Corporation (if known))

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

A. If amending name, enter the new name of the corporation:

GLOBAL 19, INC.

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)

40 SW 13th St. #301

Miami, FL 33130

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

40 SW 13th St. #301

Miami, FL 33130

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)

Florida

(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.

Signature of New Registered Agent, if changing

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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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☐ Change	_____	_____	_____
☐ Add	_____	_____	_____
☐ Remove	_____	_____	_____
2) ☐ Change	_____	_____	_____
☐ Add	_____	_____	_____
☐ Remove	_____	_____	_____
3) ☐ Change	_____	_____	_____
☐ Add	_____	_____	_____
☐ Remove	_____	_____	_____
4) ☐ Change	_____	_____	_____
☐ Add	_____	_____	_____
☐ Remove	_____	_____	_____
5) ☐ Change	_____	_____	_____
☐ Add	_____	_____	_____
☐ Remove	_____	_____	_____
6) ☐ Change	_____	_____	_____
☐ Add	_____	_____	_____
☐ Remove	_____	_____	_____

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date this document was signed.

Effective date if applicable:

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

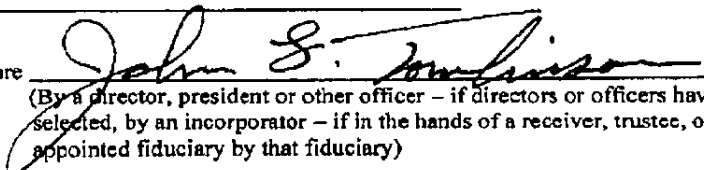
by _____"
(voting group)

☒ 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.

Dated March 5, 2017

Signature

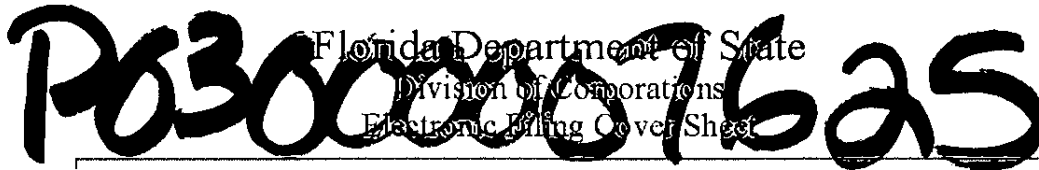

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

John L. Tomlinson

(Typed or printed name of person signing)

Incorporator

(Title of person signing)



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To:

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

From:

Account Name : SMITH HULSEY & BUSEY
Account Number : 075030000653
Phone : (904) 359-7700
Fax Number : (904) 359-7708

**DISSOLUTION OR WITHDRAWAL
DEBORAH A. SWARTZ, M.D., P.A.**

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

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX
MAR 07 2016

DISS

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**ARTICLES OF DISSOLUTION
OF
DEBORAH A. SWARTZ, M.D., P.A.**

ARTICLE I

The name of this corporation is Deborah A. Swartz, M.D., P.A. (the "Corporation").

ARTICLE II

The Articles of Incorporation of the Corporation were filed on January 21, 2003, and were assigned document number P03000007625.

ARTICLE III

The dissolution of the Corporation was authorized by written consent adopted by the sole Shareholder of the Corporation on March 2, 2017

ARTICLE IV

The dissolution of the Corporation shall be effective as of March 3, 2017.

Dated this 3rd day of March, 2017.


Deborah A. Swartz, M.D.
President

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Filing Fee: \$35**Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Deborah A. Swartz, M.D., P.A.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

The identity and contact information for the person or entity asserting the claim, a description of the basis for

the claim, the date the claim arose, the amount of the claim, and a description of the facts and circumstances

underlying the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Deborah A. Swartz, M.D.

10594 Scott Mill Road

Jacksonville, FL 32257

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Deborah A. Swartz, M.D.

Printed Name of the Person Filing

Deborah A. Swartz MD

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

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