P15000057668

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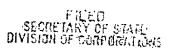
MOV - 9 2015

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: Grand Medical	Services, Inc			
DOCUMENT NUMBER:	P1500005766	58			
The enclosed Articles of An	endment and fee are su	bmitted for filing.			
Please return all corresponde	ence concerning this ma	tter to the following:			
Jose l	M Regalado				
	Name of Contact Person				
		Firm/ Company			
7805	Sw 24 St Suite 103				
		Address			
Mian	ni, FL 33155				
		City/ State and Zip Cod	e		
Isanchez@d	caremed.net				
]	E-mail address: (to be us	sed for future annual report	notification)		
For further information conc	erning this matter, pleas	se call:			
Jose M Regalado		at (398-0809		
Name of Cor	tact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the f	ollowing amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee C	3\$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			

Articles of Amendment to Articles of Incorporation of



Grand Medical Scivices, The		15 NUV -9 PM 2: 22
(Name	of Corporation as currer	ntly filed with the Florida Dept. of State)
P15000057668		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new na	ame of the corporation:	
		The new
	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7805 Sw 24 St Suite 103
		Miami, FL 33155
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		
(Manning want 635 <u>MATT 122711 651</u>	<u> </u>	P.O Box 442070
		Miami, FL 33144
D. If amending the registered agent an new registered agent and/or the ne		dress in Florida, enter the name of the
Name of New Registered Agent	Jose M Regalado	
trame of tron registered rigen	7805 Sw 24 St Suite 103	<u> </u>
	(Florida .	street address)
New Registered Office Address:	Miami	Florida 33155
THEW REGISTERED OFFICE NAUTESS.	· · · · · · · · · · · · · · · · · · ·	(City) (Zip Code)
New Registered Agent's Signature, if c		
I hereby accept the appointment as regist	tered agent. I am familia -	r with and accept the obligations of the position.
	Suls	
	Signature of New	Registered Agent, if changing
	Digitigative of Iven	Troping on Heavy A commence

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 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>	Address
1) Change	PD	Reigler, Loretta C	20534 Sw 133 Ave
Add			Miami, FL 33177
Remove			
2) Change	PD	Regalado, Jose M	7805 Sw 24 St Suite 103
Add			Miami, FL 33155
Remove			
3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Demove			

Attach add	n <mark>g or adding addition</mark> ditional sheets, if neces	ssary). (Be spec	rific)			
			······································			
					· <u>-</u>	
					<u></u>	
				<u>. </u>		
provision	ndment provides for s is for implementing the stapplicable, indicate	he amendment if	assification, or not contained in	cancellation of is	sued shares, t itself:	
						
			· · ·			
						
·						
						

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		SECRETARY OF STATE DIVISION OF GERPORATIONS
Effective date <u>if applicable</u> :		DIVISION OF GERPORATIONS
	(no more than 90 days after amendment file date)	15 NOV -9 PM 2: 22
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirements, this rtment of State's records.	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendme cient for approval.	ent(s)
	wed by the shareholders through voting groups. The following statich voting group entitled to vote separately on the amendment(s):	'ement
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	r
11/6/2015		
Dated	Dy Regular	
selected,	cto, president or other officer – if directors or officers have not be by an incorporator – if in the hands of a receiver, trustee, or other of if fiduciary by that fiduciary)	
Jo	ose M Regalado	
	(Typed or printed name of person signing)	
P	resident	
-	(Title of person signing)	