

P16000051928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

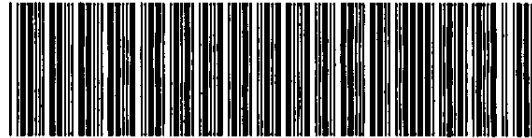
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2016 NOV - 4 PM 4:19

NOV - 8 2016

C LEWIS

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Solution Medical Coding & Billing Services INC

DOCUMENT NUMBER: P16000051928

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adilen Castillo

(Name of Contact Person)

(Firm/ Company)

15601 NW 52 nd AVE SUITE 106

(Address)

MIAMI GARDENS FLORIDA 33014

(City/ State and Zip Code)

adilen\_castillo@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adilen Castillo

(Name of Contact Person)

786 370-0006

at

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 23, 2016

ADILEN CASTILLO  
15601 NW 52ND AVE SUITE 106  
MIAMI GARDENS, FL 33014 US

SUBJECT: SOLUTION MEDICAL CODING & BILLING SERVICES, INC  
Ref. Number: P16000051928

We have received your document for SOLUTION MEDICAL CODING & BILLING SERVICES, INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 316A00017853

RECEIVED  
16 NOV - 8 PM 12:24  
SEATTLE, WA  
DIVISION OF CORPORATIONS  
MAIL ADDRESS: FT. SMITH

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

2016 NOV -4 PM 4:19

Solution Medical Coding & Billing Services INC.

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

81-2990947 P16000051928

(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:**

Solution Medical Coding And Billing Services 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)

15601 NW 52ND AVE

APT 106

MIAMI GARDENS FL 33014.

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

15601 NW 52ND AVE

APT. 106

MIAMI GARDENS FL 33014.

**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

Adilen Castillo

15601 NW 52ND AVE APT. 106.

(Florida street address)

New Registered Office Address:

MIAMI GARDENS

(City)

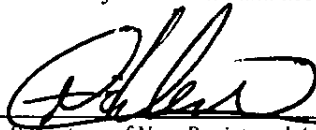
Florida

33014

(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

**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                      PT      John Doe

X Remove                     V        Mike Jones

X Add                         SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>Change</u> <u>X</u> Add ____ Remove	<u>P</u>	<u>Adilen Castillo</u>	<u>15601 NW 52 ND AVE</u> <u>APT-106</u> <u>MIAMI GARDENS, FL 33014</u>
2) <u>Change</u> <u>X</u> Add ____ Remove	<u>V</u>	<u>Zaynet Fernandez</u>	<u>17500 NW 68 AVE</u> <u>APT-02002</u> <u>HIWALEAH FL 33015</u>
3) <u>Change</u> ____ Add ____ Remove	_____	_____	_____ _____ _____
4) <u>Change</u> ____ Add ____ Remove	_____	_____	_____ _____ _____
5) <u>Change</u> ____ Add ____ Remove	_____	_____	_____ _____ _____
6) <u>Change</u> ____ Add ____ Remove	_____	_____	_____ _____ _____

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

The date of each amendment(s) adoption: \_\_\_\_\_  
date this document was signed.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Effective date if applicable: \_\_\_\_\_

2016 NOV -4 PM 4:19

(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 10/27/16

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)

Adilen Castillo

(Typed or printed name of person signing)

President

(Title of person signing)