P110000003305

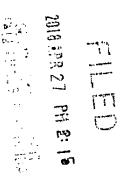
(Red	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	1





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Amend

MAY 02 2018 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	NATIO	NAL MEDICAL COMPAN	NY INC
DOCUMENT NUMBER:	P170000633	05	
The enclosed Articles of Amendm	ent and fee are su	bmitted for filing.	
Please return all correspondence c	oncerning this ma	tter to the following:	
	PA	AM SEYMOUR	
		Name of Contact Persor	1
	NATIONAL M	EDICAL COMPANY INC	
		Firm/ Company	
	111 N 2ND	STREET STE 102	
		Address	
	FORT PIER	CE, FL 34950	
		City/ State and Zip Code	2
	PAM@OPII	HEALTHCARESERVICES	S.COM
E-mail	- ·	sed for future annual report	
For further information concerning	g this matter, pleas	se call: at (at	828-2303
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ing amount made	payable to the Florida Depa	artment of State:
-	75 Filing Fee & ificate 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 Addre Amendment Sec Division of Cor P.O. Box 6327 Tallahassee, FL	etion porations	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

NATIONAL MEDICAL COMPANY INC

(Name of Corporatio	n as currently filed with the Florida Dept. of State)
P17000063305	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
	The new large of the company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX D. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent	ed office address in Florida, enter the name of the
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Sign	ature 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 <math>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>	<u>Addres</u> s
1) Change	PRES	DAN CONTRERAS	111 N 2ND STREET STE 102
X Add			FORT PIERCE, FL 34950
Remove			
2) Change	PRES	DON MOCK	111 N 2ND STREET STE 102
Add			FORT PIERCE, FL 34950
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)		
·			
			
	<u></u>		
-	-	-	
			
			_
	·		
an amendment provides for an exch	iange, reclassification, or	cancellation of issued	shares.
an amendment provided for an exer	ndment if not contained in	the amendment itself	<u> </u>
provisions for implementing the ame			_
orovisions for implementing the ame (if not applicable, indicate N/A)			
provisions for implementing the ame			
provisions for implementing the ame			
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provisions for implementing the ame			

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
	04/19/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this dapartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suit	pted by the shareholders. The number of votes cast for the amendment(stricient for approval.	s)
	roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	,"	
	(voting group)	
action was not required.	pted by the board of directors without shareholder action and shareholder	er
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other could	
appoint	ed fiduciary by that fiduciary)	
	DAN CONTRERAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	