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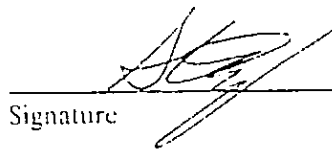
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MED DIAGNOSTIC LABORATORY, INC

Please Debit FCA000000003 For: 43.75

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

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*** Please Print Name - Tallahassee, FL 32301

___ Art of Inc. File _____
___ LTD Partnership File _____
___ Foreign Corp. File _____
___ L.C. File _____
___ Fictitious Name File _____
___ Trade/Service Mark _____
___ Merger File _____
___ ☒ Art. of Amend. File _____
___ RA Resignation _____
___ Dissolution / Withdrawal _____
___ Annual Report / Reinstatement _____
___ ☒ Cert. Copy _____
___ Photo Copy _____
___ Certificate of Good Standing _____
___ Certificate of Status _____
___ Certificate of Fictitious Name _____
___ Corp Record Search _____
___ Officer Search _____
___ Fictitious Search _____
___ Fictitious Owner Search _____
___ Vehicle Search _____
___ Driving Record _____
___ UCC 1 or 3 File _____
___ UCC F1 Search _____
___ UCC F1 Retrieval _____
___ Courier _____

COVER LETTER

Department of State
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: MED DIAGNOSTIC LABORATORY, INC
CORPORATE NAME

Enclosed are an original and one (1) copy of the restated articles of incorporation and a check for:

☐ \$35.00 ☐ \$43.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$43.75 ☐ \$52.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: CHRISTY MENDOZA/FILEJET INC.
Name (Printed or typed)

10440 PIONEER BLVD. STE 8
Address

SANTA FE SPRINGS, CA 90670
City, State & Zip

949 259-5955
Daytime Telephone number

registeredagent@filejet.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the document.

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RESTATED ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation is:

MED DIAGNOSTIC LABORATORY, INC

ARTICLE II RESTATED ARTICLES

The text of the Restated Articles is as follows:

Yes and there' s no allowed changes. There' s a disagreement within the company and this needs to be fixed

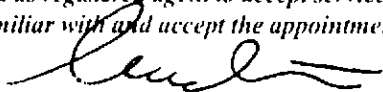
Andre Wharton has 20 percent of the business. Nextgen health has 80 percent.

ARTICLE IV AMENDED REGISTERED AGENT (OPTIONAL)

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: FILEJET INC.
Address: 625 E. TWIGGS ST STE. 110
TAMPA, FL 33602

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10/5/2023

Date

ARTICLE VI ARTICLE CONSOLIDATION

These restated articles of incorporation consolidate all amendments into a single document:

ARTICLE VII REQUIRED ADOPTION INFORMATION

Check if applicable:

☐ The amendment(s) is/are being filed pursuant to s. 607.0120(11)F, F.S.

The date of each amendment(s) adoption is: _____
if other than the date this document is signed.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of director without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. Then number of votes cast for the amendment(s) by the shareholder was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting group. *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 was/were sufficient for approval by

(voting group)

ARTICLE VIII EFFECTIVE DATE:

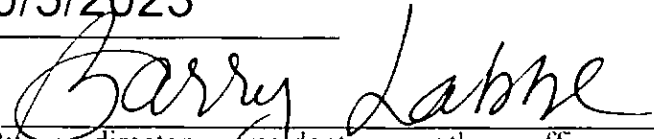
Effective date, if other than the date of filing: _____ (OPTIONAL)

- (If an effective date is listed, the date must be specific and cannot be more than 90 days after the filing.)

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.

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Dated: 10/5/2023

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)

BARRY LABBE

(Typed or printed name of person signing)

MANAGER

(Title of person signing)

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TALLAHASSEE, FLORIDA