

P93000062555

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LAZARUS CORPORATE FILING SERVICE, INC.
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(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

100003064101--2
-12/08/99--01029--021
*****35.00 *****35.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. PRESTIGE MEDICAL SERVICES CORP.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

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99 DEC - 8 AM 11:16
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|-------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

FILED
99 DEC - 9 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. COULLIETTE DEC 09 1999

Examiner's Initials



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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

99 DEC -9 AM 11:36

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

December 8, 1999

LAZARUS

TALLAHASSEE, FL

SUBJECT: PRESTIGE MEDICAL SERVICES, CORP.
Ref. Number: P93000062555

We have received your document for PRESTIGE MEDICAL SERVICES, CORP. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The amendment must be signed by an incorporator if adopted by the incorporators or by a director if adopted by the directors.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 599A00057793

ARTICLES OF AMENDMENT
TO
ARTICLE OF INCORPORATION
OF

FILED
99 DEC -9 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PRESTIGE MEDICAL SERVICES CORP.
(Present Name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts
The following articles of amendment to its articles of incorporation:

FIRST:

Amendment(s) adopted:

(indicate article number(s) being amended,
added or deleted)

Directors/officers
ARTICLE VII

ADD: TITLE D.P.

EDUARDO R. LAVERDE
1920 S.W. 1ST ST. #4
MIAMI- FLA. 33135

Article VII
Directors/officers

REMOVE: TITLE D.P.

NIKDA M. NOGUERAS
8342 S.W. 4TH STREET
MIAMI- FL. 33144

SECOND:

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, are as follows:

THIRD: The date of each amendment's adoption: December 02, 1999

FOURTH: Adoption of Amendment(s) (check one)

☒ the amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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.

Signed this 02 day of December, 1999.

Signature _____

(By the Chairman or Vice Chairman of the Board of Directors,
President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

HILDA NOFUEBAS
(Typed or Printed Name)

PRESIDENT
(Title)