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LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

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99 FEB - 8 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. MORFEI MEDICAL SERVICES INC  
(Corporation Name) (Document #)

2. (Corporation Name) (Document #) 100002767491--9

3. (Corporation Name) (Document #) -02708/99--01079--006  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

4. (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00 ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" 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/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

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DIVISION OF CORPORATION

Examiner's Initials

See 2/8

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF  
MORFFI MEDICAL SERVICE, CORP.

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(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)

ARTICLE VIII

(AMENDED)

NEW DIRECOTR:

ANTONIO A. DIAZ  
1655 W. 44 PLACE APT # 207  
HIALEAH FLORIDA. 33012

ARTICLE X

(AMENDED)

NEW PRESIDENT:

ANTONIO A. DIAZ  
1655 W. 44 PLACE APT # 207  
HIALEAH FLORIDA. 33012

NEW SECRETARY:

ANTONIO A. DIAZ  
1655 W. 44 PLACE APT #207  
HIALEAH FLORIDA 33012

NEW TREASURER:

ANTONIO A. DIAZ  
1655 W. 44 PLACE APT #207  
HIALEAH FLORIDA 33012

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 DATED 01/02/99

THIRD: The date of each amendment's adoption: 1-2-99

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.

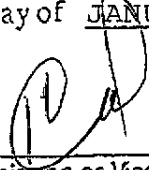
*The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"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 2ND day of JANUARY, 19 99

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 VARELA

Typed or printed name

PSTD

Title