

P960000030975

Community Medical Services

Requestor's Name

107162 S.W. 24 Ct.

Address

Miami FL 33165

City/State/Zip

Phone #

Office Use Only

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

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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*****35.00 *****35.00

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

NEW FILINGS		AMENDMENTS	
<input type="checkbox"/>	Profit	<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	NonProfit	<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Limited Liability	<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Domestication	<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other	<input type="checkbox"/>	Merger

OTHER FILINGS		REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Annual Report	<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Fictitious Name	<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Name Reservation	<input type="checkbox"/>	Reinstatement
		<input type="checkbox"/>	Trademark
		<input type="checkbox"/>	Other

FILED
96 DEC 27 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SH 12/30



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 23, 1996

Community Medical Services, Inc.
10762 SW 24th Ct.
Miami, FL 33165

SUBJECT: COMMUNITY MEDICAL SERVICES, INC.
Ref. Number: P96000030975

We have received your document for COMMUNITY MEDICAL SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please state what you are amending in Article V. If Article V contains the registered agent, please make a statement to that effect on the amendment. Also, we must have an original signature for Jorge Guedes. We cannot accept a photocopy. Please print the name of the individual accepting the designation as registered agent under their signature and list their name and street address in the section labeled "First" on the amendment.

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 (904) 487-6908.

Steven Harris
Corporate Specialist

Letter Number: 996A00048914



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

November 5, 1996

Community Medical Services, Inc.
10762 SW 24th Ct.
Miami, FL 33165

SUBJECT: COMMUNITY MEDICAL SERVICES, INC.
Ref. Number: P96000030975

We have received your document for **COMMUNITY MEDICAL SERVICES, INC.** and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please specify the name and address of the new registered agent under the acceptance paragraph. Currently there are two signatures under the acceptance paragraph. Only one person can be listed as registered agent. Please remove one of the signatures.

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 (904) 487-6908.

Steven Harris
Corporate Specialist

Letter Number: 296A00050688

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

COMMUNITY MEDICAL SERVICES, INC.

(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 V
NEW BOARD OF DIRECTORS**

THIS CORPORATION SHALL HAVE TWO (2) DIRECTORS. THE NAME AND ADDRESSES OF THE NEW BOARD OF DIRECTORS IS AS FOLLOW:

NAME	ADDRESSES	OFFICER	SHARES
ABEL ZAMORA	13108 SW 3RD ST MIAMI, FL 33184	PRESIDENT/V-PRES.	50
CARIDAD GUILARTE	6330 SW 41ST ST MIAMI, FL 33155	TREASURER SECRETARY	50

HAVING BEEN NAMES AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AGREE TO ACT IN THIS CAPACITY.



ABEL ZAMORA-PRESIDENT

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TALLAHASSEE, FLORIDA

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: 10/10/96.

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 10 day of Oct, 19 96.

Signature

[Signature] Vice-President/Directors.
(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)

Jorge L. Guedes.

Typed or printed name

Vice Pres./Dir.

Title

SWORN TO AND SUBSCRIBED BEFORE ME THIS 10 OF Oct, 1996.

[Signature]

