Division of Corporations Public Access System

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H040002187113)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

: (305) 444-4994

Fax Number

(305) 444-4977

### **BASIC AMENDMENT**

### UNLIMITED MEDICAL SERVICE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing

Public Access Help

https://efile.sunbiz.org/scripts/efilcovr.exe

11/2/2004

Florida Dept of State



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 2, 2004

UNLIMITED MEDICAL SERVICE, INC. 4880 NW 7TH ST MIAMI, FL 33126US

SUBJECT: UNLIMITED MEDICAL SERVICE, INC.

REF: P96000033828

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet...

The document must also contain the address of the registered agent which must be at a Florida street address.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6880.

Karen Gibson Document Specialist -FAX Aud. #: H04000218711 Letter Number: 504A00062865

p.3

(((H04000218711)))

Articles of Amendment

## Articles of Incorporation of

UNLIMITED MEDICAL SERVICE, INC.

# (Name of corporation as currently filed with the Florida Dept. of State)

#### P96000033828

(Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

### NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
THE NEW BOARD OF DIRECTORS & REGISTERD AGENT WILL BE AS FOLLOW:
ROMUALDO CIOFFI (PDVST)
4880 NW 7TH ST
MIAMI, FL 33126
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
(continued)

(((H04000218711)))

The date of each amendment(s) adoption: 10-27-04
Effective date if applicable: 10-27-04
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders 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 27 day of OCTOBER , 2004
Signature Confidence Confidence or officers have not been
elected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
ROMUALDO CIOFFI
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

FILING FEE: \$35

(((H04000218711)))

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Komune Signature

Date