

P96000085360

Florida Department of State
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.

(((H08000210736 3)))



H080002107363ABC.

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) 617-6380

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

COR AMND/RESTATE/CORRECT OR O/D RESIGN

MED PRO BILLING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED
2008 SEP -9 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
08 SEP -9 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IS

Handwritten signature and date: 9/9/08

H08000210736

ARTICLES OF AMENDMENT TO THE
ARTICLES OF INCORPORATION OF
MED PRO BILLING, INC.

PA6000085360

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit*

Corporation adopts the following amendment(s) to its Articles of Incorporation:

1. The name of the corporation is MED PRO BILLING, INC.
2. The following amendment to the Articles of Incorporation was adopted by a majority of the Board of Directors of the Corporation on August 13, 2008, without shareholder action and shareholder action was not required.

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of section 607.0501, Florida Statutes, MED PRO BILLING INC., organized under the laws of the state of Florida, by and through its Incorporator, submits the following statement in designating the registered office/registered agent, in the state of Florida:

1. The name of the corporation is MED PRO BILLING INC.,
2. The name and address of the registered agent and office is:

Roy D. Oppenheim, Esq. 2500 Weston Road, Suite 404, Weston, Florida
33331

Signed this 13th day of August, 2008

MED PRO BILLING, INC.

By:

Melissa Zacharias

President

H08000210736

FILED
08 SEP -9 PM 4:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

State of Florida :
ss
County of Broward :

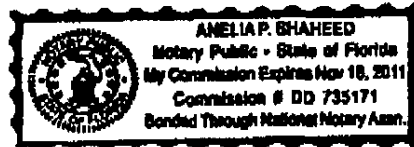
The foregoing instrument was acknowledged before me this 13th day of August, 2008, by Melissa Zachariasz, President of Med Pro Billing Inc., a Florida corporation, on behalf of the corporation and who did not take an oath.

Personally known to me X

Produced identification


NOTARY PUBLIC, STATE OF FLORIDA

PRINTED NAME/COMMISSION NO.



Articles of Amendment
to
Articles of Incorporation
of

MED PRO BILLING, INC.
(Name of corporation as currently filed with the Florida Dept. of State)

P96000085360
(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.," "Ino.," or "Co.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Title: Certificate of Designation (Registered agent/Registered office)

Pursuant to the provisions of section 607.0501, Florida Statutes,
Med Pro Billing, Inc. organized under the laws of the State of Florida, by
and through its Incorporator, submits the following statement in
designating the registered office/registered agent in the State of Florida:

1. The name of the corporation is: Med Pro Billing, Inc.
2. The name and address of the registered agent and office is:
Ray D. Oppenheim, Esq. 2500 Weston Road, Suite 404
Weston, FL 33331

(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)

The date of each amendment(s) adoption: 8/13/08

Effective date if applicable: 8/13/08
(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 13 day of August, 2008

Signature Melissa Archana
(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)

Melissa Zammicini
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35

H08000210736

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Med PRO Billing, INC.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.



REGISTERED AGENT

H08000210736