

P97000017934

Florida Department of State
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To: Division of Corporations
Fax Number : (850) 205-0380

From: Account Name : GUILLERMO RODRIGUEZ & ASSOCIATES, INC.
Account Number : 120050000147
Phone : (305) 649-7128
Fax Number : (305) 643-2905

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SURE MED MEDICAL SERVICES, INCORPORATED

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DIVISION OF CORPORATIONS

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Amended
4/14/06

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SURE MED MEDICAL SERVICES, INCORPORATED

DOCUMENT NUMBER: P97000017934

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS EILEEN

(Name of Contact Person)

SURE MED MEDICAL SERVICES, INCORPORATED

(Firm/ Company)

8200 NW 27 ST.

(Address)

MIAMI FLORIDA 33122

(City/ State and Zip Code)

For further information concerning this matter, please call:

LUIS EILEEN

(Name of Contact Person)

at (305) 649-7128

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

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Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

SURE MED MEDICAL SERVICES, INCORPORATED

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

P97000017934

(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)**

DELETE THE (D) IRAIDA MARTINEZ

1324 SW 143 AVE MIAMI FL 33184

(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)

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TALLAHASSEE, FLORIDA

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The date of each amendment(s) adoption: APRIL 12, 2006

Effective date if applicable: APRIL 12, 2006
(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.

Signature 

(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)

LUIS EILEEN

(Typed or printed name of person signing)

DIRECTOR.

(Title of person signing)

FILING FEE: \$35