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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 FEB 18 AM 9:39

Amend  
@ 2/18/11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** COMPREHENSIVE MEDICAL STAFFING, INC.

**DOCUMENT NUMBER:** S 80061

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

Please return all correspondence concerning this matter to the following:

PARTHA SANYAL

Name of Contact Person

COMPREHENSIVE MEDICAL STAFFING, INC.

Firm/ Company

4210 STONE WAY N

Address

SEATTLE, WA 98103

City/ State and Zip Code

parthasanyal@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Partha Sanyal

at ( 206 ) 729-9999

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is enclosed)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 3, 2011

PARTHA SANYAL  
COMPREHENSIVE MEDICAL STAFFING, INC.  
4210 STONE WAY N  
SEATTLE, WA 98103

SUBJECT: COMPREHENSIVE MEDICAL STAFFING, INC.  
Ref. Number: S80061

We have received your document for COMPREHENSIVE MEDICAL STAFFING, 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):

The document must have original signatures.

PHOTO COPIES ARE NOT ACCEPTABLE.

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) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 511A00002937

Articles of Amendment  
to  
Articles of Incorporation  
of

COMPREHENSIVE MEDICAL STAFFING, INC.

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

S 80061

(Document Number of Corporation (if known))

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 FEB 18 AM 9:39

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

**A. If amending name, enter the new name of the corporation:**

\_\_\_\_\_ The new  
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the  
abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation  
name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_ (Florida street address)

\_\_\_\_\_, Florida  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>DIR</u>	<u>PARTHA SANYAL</u>	<u>4210 STONE WAY N</u> <u>SEATTLE, WA 98103</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>DIR</u>	<u>JOSE A OTANO, JR</u>	<u>16723 SW 78TH PL</u> <u>MIAMI, FL 33157</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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**F. 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:**

*(if not applicable, indicate N/A)*

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The date of each amendment(s) adoption: 01-13-2011  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted 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.

Dated 2/11/2011

Signature Martha Musino  
(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)

Martha Musino  
(Typed or printed name of person signing)

Director  
(Title of person signing)