

V11220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

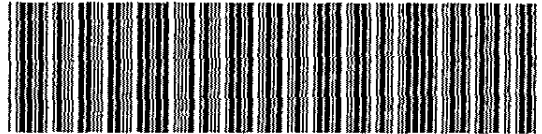
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04 AUG 11 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

cc
ALLEN/P
CRG 8/17



James M. Shuta
Attorney At Law

July 28, 2004

Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
409 East Gaines Street
Tallahassee, Florida 32301

RE: AUTOMATED MEDICAL ACCESS CORPORATION

Gentle(wo)men:

Enclosed is the original and one copy of the Articles of Amendment of the subject corporation.

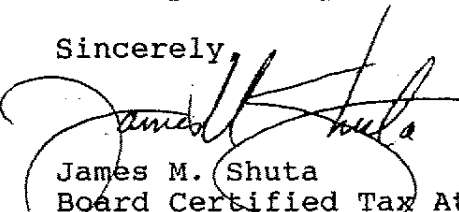
Also enclosed is a check in the amount of \$43.75 for the following:

Corporate Filing Fee	\$35.00
Certified Copy	\$ 8.75

Please return the certified copy of the Articles of Amendment to me after recording.

Thank you for your continued assistance.

Sincerely,



James M. Shuta
Board Certified Tax Attorney

Enclosures

ARTICLES OF AMENDMENT
TO THE
ARTICLES OF INCORPORATION OF
AUTOMATED MEDICAL ACCESS CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.1006 of the Florida Business Corporation Act, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. The name of the corporation is AUTOMATED MEDICAL ACCESS CORPORATION.
2. The filing date of the corporation was February 3, 1992.
3. The document number of the corporation is V11220.
4. The total number of shares of capital stock authorized to be issued is increased to be 210,000 shares.
5. The amendment was adopted on the 8th day of July, 2004.
6. The number of votes cast for the amendment by the shareholders was sufficient for approval in accordance with Fl. Stats. 607.1006.

IN WITNESS WHEREOF, the duly authorized officer has hereunto set his hand this 8th day of JULY, 2004.

WITNESSES:

Trudy M. Mullis
Sign Name

Trudy M. Mullis
Print Name

Ruth M. Rosa
Sign Name

Ruth M. Rosa
Print Name

Jorge J. Inga, M.D.
Jorge J. Inga, M.D.,
President

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

I HEREBY CERTIFY that on the 8th day of JULY, 2004, the foregoing was acknowledged before me by Jorge J. Inga, M.D. () who is personally known to me or (☒) who produced DRIVER'S LICENSE as identification and who (☒) did or () did not take an oath.

Trudy M. Mullis
Notary Public, State of Florida
Trudy M. Mullis
(Printed Name)

My Commission Expires: Jan 14, 2005
Commission No. CC 991860

