

P08000107635

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
Lewis
11-9-09

The Law Offices of
STEPHAN L. COHEN, P.A.
20801 Biscayne Boulevard, Suite 400
Aventura, FL 33180
Telephone: Dade (305) 792-9777 - Broward (954) 764-3600
Facsimile: (305) 792-5333

November 3, 2009

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

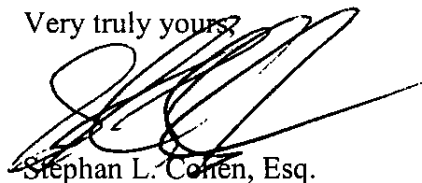
Re: Gables Diagnostic Center, Inc. - P08000107635

To whom it may concern,

Enclosed please find the Cover Letter and Articles of Amendment to the Articles of Incorporation for Gables Diagnostic Center, Inc. together with my check for \$35.00 for the filing fee.

Please feel free to call with any questions you may have. Thank you.

Very truly yours,



Stephan L. Cohen, Esq.

SLC/st
Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Gables Diagnostic Center, Inc.

DOCUMENT NUMBER: P08000107635

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

Please return all correspondence concerning this matter to the following:

Maria Eugenia Higuerey O'Hollearn

Name of Contact Person

Gables Diagnostic Center, Inc.

Firm/ Company

5450 SW 8th Street, Suite 202

Address

Coral Gables, FL 33134

City/ State and Zip Code

maria.ohollearn@live.com

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

For further information concerning this matter, please call:

Maria Eugenia Higuerey O'Hollearn

Name of Contact Person

at (314)

941-8016

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

Articles of Amendment
to
Articles of Incorporation
of

Gables Diagnostic Center, Inc.

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

P08000107635

(Document Number of Corporation (if known))

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TALLAHASSEE, FLORIDA

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**)*

5450 SW 8th Street, Suite 202

Coral Gables, FL 33134

C. Enter new mailing address, if applicable:
*(Mailing address **MAY BE A POST OFFICE BOX**)*

5450 SW 8th Street, Suite 202

Coral Gables, FL 33134

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: Maria Eugenia Higuerey O'Holleam

5450 SW 8th Street, Suite 202

New Registered Office Address: *(Florida street address)*

Coral Gables, Florida 33134
(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>Pres.</u>	<u>Isabel Noy</u>	<u>5450 SW 8th Street, Suite 201</u> <u>Coral Gables, FL 33134</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Pres.</u>	<u>Maria Eugenia Higuerey O'Hollearn</u>	<u>5450 SW 8th Street, Suite 202</u> <u>Coral Gables, FL 33134</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Vice- Pres.</u>	<u>Isabel Noy</u>	<u>5450 SW 8th Street, Suite 201</u> <u>Coral Gables, FL 33134</u>	<input checked="" 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)

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)

The date of each amendment(s) adoption: October 26, 2009


Effective date if applicable: October 26, 2009 (date of adoption is required)
(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 October 26, 2009

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)

Maria Eugenia Higuerey O'Hollearn
(Typed or printed name of person signing)

President
(Title of person signing)