P09000048488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

04/30/10--01053--008 **35.00

5/1

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INTEGRATIVE MEDICAL ARTS OF MIAMI, INC.
(Name of Corporation)

DOCUMENT NUMBER: P09000048488

~~The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.~~

Please return all correspondence concerning this matter to the following:

Maria Luna
(Name of Person)

INEGRATIVE MEDICAL ARTS OF MIAMI, INC.
(Name of Firm/Company)

7273 W. 29th Lane
(Address)

Hialeah, Florida 33010
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Luna (Name of Person) at (305) 608-6089 (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Florida Department of State.

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

Articles of Amendment
to
Articles of Incorporation
of

INTEGRATIVE MEDICAL ARTS OF MIAMI, INC.

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

P09000048488

(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:

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)

7273 W. 29th Lane
Hialeah, Florida 33010

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TALLAHASSEE, FLORIDA

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

7273 W. 29th Lane
Hialeah, Florida 33010

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 Luna

New Registered Office Address: 7273 W. 29th Lane
(Florida street address)

Hialeah, Florida 33010
(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)

Title	Name	Address	Type of Action
R.A.	Juan A. Hernandez	10275 NW 129th St. Hialeah, Florida 33018	☐ Add ☑ Remove
V.P.	Juan A. Hernandez	10275 NW 129th St. Hialeah, Florida 33010	☐ Add ☑ Remove
P.	Vinson M. Disanto	3 Majectic Way Marlton, NJ 08053	☐ Add ☑ Remove
R.A. & P.	Maria Luna	7273 W. 29th Lane Hialeah, Florida 33010	✓ Add

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: April 28, 2010
(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 April 28, 2010

Signature Maria Padilla Luna

(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 Luna
(Typed or printed name of person signing)

President | Director
(Title of person signing)