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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR		ICAL CENTER INC	
DOCUMENT NU	P96000076495		
The enclosed Artic	cles of Amendment and fee are sub	mitted for filing.	
Please return all co	orrespondence concerning this matt	er to the following:	
	ALBERTO GARCIA		
	(Name of Cor	ntact Person)	
	ALIKAT MEDICAL CENTER INC		
	(Firm / Co	ompany)	
	5040 NW 7 ST SUTTE 632		
	(Addr	ess)	
	MIAMI, FL 33126		
	(City / State / a	nd Zip Code)	
For further information	ation concerning this matter, please	call:	
ALBERTO GAR	CIA :	305 389-0417 Area Code & Daytime Telephon	
(Name of Co	ntact Person) (A	Area Code & Daytime Telephon	e Number)
Enclosed is a chec	k for the following amount:		
₫\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certificate Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Statu Certified Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section	Street Add Amendment	
	Division of Corporations		Corporations

409 E. Gaines Street

Tallahassee, FL 32399

P.O. Box 6327

Tallahassee, FL 32314



August 30, 2005

Alberto Garcia Alikat Medical Center Inc. 5040 NW 7 Street, Suite 632 Miami, FL. 33126

SUBJECT: ALYKAT MEDICAL CENTER INC.

Ref. Number: P96000076495

We have received your document for ALYKAT MEDICAL CENTER 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 incorporator(s) cannot be amended or changed. Please correct your document accordingly.

You may delete the reference to the incorporator in Article V and just show the officer change.

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) 245-6907.

Annette Ramsey Document Specialist

Letter Number: 905A00054636

RECEIVED

05 SEP -9 AM 8: 00

Notation of confidention

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 13, 2005

Alberto Garcia Alikat Medical Center Inc. 5040 NW 7 Street Miami, FL 33126

SUBJECT: ALYKAT MEDICAL CENTER INC.

Ref. Number: P96000076495

We have received your document for ALYKAT MEDICAL CENTER 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):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document,

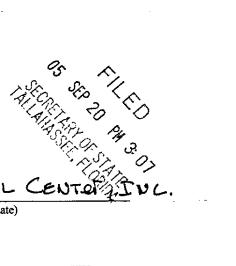
Are you trying to change the name of your corporation? If so you will need to put the present name in the heading (under Articles of Amendment) and put the new name in the space provided on the first page (under "new corporate name if changing").

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Letter Number: 105A00056475

Annette Ramsey Document Specialist

Articles of Amendment To
Articles of Incorporation
Of



	(Name of corporation as currently filed with the Florida Dept. of State)
V	P96000076495
	(Document number of corporation (if known)
	nt to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts llowing amendment(s) to its Articles of Incorporation:
NEW	CORPORATE NAME (if changing):
(Must o	contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") essional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.
	NDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s Article Title(s) being amended, added or deleted: (BE SPECIFIC)
—— ^ то в	E DELETED: JORGE VIVANCO (TREASURY)
	JAME OF COMPORATION PENDENUS THE SAME
	···
	ALYKON MEDICAL GER, INC 5040 NW 7 ST, STE 638
	Miani, FL 33126
	OWNER: ALBERTO Garcia, President
	(Attach additional pages if necessary)
If an a Imple	mendment provides for exchange, reclassification, or cancellation of issued shares, provisions for nenting the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
	(continued)

09/07/05 he date of each amendment(s) adoption:	
09/07/05 ffective date if applicable:	
doption 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 follows statements 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.	
igned this day of	
Signature (By a director, president or other officers in the ctors 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)	
ALBERTO GARCIA (Typed or printed name of person signing)	
PRESIDENT	

FILING FEE: \$35