Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ADVANCE CORPORATE SERVICE,

Account Number : I20070000146

: (305)406-3800

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

	ORPORATION TO CHANGE/ADD OFFICER(S), ID/OR DIRECTOR(S)						
1. The name of the foreign corporation Medical-Clin	The name of the foreign corporation as it appears on the records of the Florida Department of State is: Medical-Clinic, CA, Inc.						
number is <u>F12.0000010.53</u>	and its Florida document						
3. This corporation was formed under	the laws of <u>Florida</u>						
4. The name and address of each office	er and/or director is as follows:						
Title:	Name and Address Maria Angelica Martinez Perez 3029 NE 188th St Suite 506 Miami, FL 33180 Florangel Martinez 3029 NE 188th St Suite 506 Miami, FL 33180						
Signature of an officer or director Maria Angelica Markinez Per Typed or printed name of person signing	additional pages if necessary) President Title of person signing FILING FEE \$35 Make checks payable to Florida Department of State and Mail to: Division of Corporations PO Box 6327 Tallahassee, FL 32314						

CR2E127 (10/11)