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07/26/04--01023--011 **43.75

Nc 1/29

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	ORPORATION: <u>ろ</u>	EVIMED	ICS HEAL	LTH CNET	ER, INC.	
DOCUMENT	NUMBER: Posa	000370	94			
The enclosed A	Articles of Amendment	and fee are	submitted for	filing.		
Please return a	Il correspondence conc	erning this n	natter to the fo	ollowing:		
	FANNY	GONZALE	2			
		(Name of C	Contact Person)			
_	SERUIMESI			ER, Inc	·	
		(Firm/	Company)			
	17905	sw.	1 ⁵¹ 577 Idress)	REET		
_		(Ad	idress)			
	DEMB.	ROKE PIR	IES, Fl.	22024		
-	,5		and Zip Code)	22021		
For further info	ormation concerning th	is matter, ple	ease call:			
FANN	y GONZALEZ		at (954	, 434	-1181	
(Name of Contact Person)			at (FS) 434-1181 (Area Code & Daytime Telephone Number)			
Enclosed is a c	heck for the following	amount:				
□ \$35 Filing Fee	\$43.75 Filing F Certificate of S	ee & tatus	□ \$43.75 Filing Certified Continuation (Additional enclosed)	Copy 1 copy is	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	Mailing Address Amendment Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314		Amo Divi 409	et Address endment Sections of Corpo E. Gaines Strandars Strandars of Corpo	rations eet	

Articles of Amendment to Articles of Incorporation of FILED
04 JUL 26 AM II: 48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEVIMEDICS HEALTH CNETER, INC. (Name of corporation as currently filed with the Florida Dept. of State)

P03000037094

	(Document number of corporation (if known)
	isions of section 607.1006, Florida Statutes, this Florida Profit Corporation gamendment(s) to its Articles of Incorporation:
EW CORPORAT	TE NAME (if changing):
SERVIN	1EDICS HEALTH CENTER, INC.
lust contain the word " professional corporat	"corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") ion must contain the word "chartered", "professional association," or the abbreviation "P.A.")
	DOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) s) being amended, added or deleted: (BE SPECIFIC)
	(Attach additional pages if necessary)
	(Todon additional pages it needstary)
	ovides for exchange, reclassification, or cancellation of issued shares, provision amendment if not contained in the amendment itself: (if not applicable, indicate N
	

(continued)

The date of each amendment(s) adoption: 07/21/2004
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
L. 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 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.
Signed this 22 day of Joly 2004
Signature Mo Mo D.
(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)
LUIS ALBERTO FRANCO
(Typed or printed name of person signing)
PRESIDENT.
(Title of person signing)

FILING FEE: \$35