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Account Name : SHUTTS & BOWEN LLP HEALTH LAW GROUP

Account Number : 120050000022 Phone : (305)347-7352 Fax Number : (305)347-7854

COR AMND/RESTATE/CORRECT OR O/D RESIGN

EXCEL MEDICAL CORPORATION

RECEIVED 6 HAR 22 AM 8: 00

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Help

Amend





Articles of Amendment to Articles of Incorporation of

EXCEL MEDICAL CORPORATION

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

P03000092369

(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:

NEW CORPORATE NAME (if changing):

delete:	Eddy	Correa,	VP,	6741	SW	24St.,	Ste.	41-42
<u>. </u>				Miam	i,	Florida	33155)
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·		<u>,</u>						
	 		(Atta	h additio	nal pe	iges if necess	ary)	
_			-		•	_	•.	
								of issued shares, provisio f: (if not applicable, indicate i

The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption 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 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 _ Si
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) I hereby accept the appointment as Registered Agent and agree to act in this capacity.
Zaimar Boza
(Typed or printed name of person signing)
President
(Title of person signing)

FILING FEE: \$35