# Florida Department of State Division of Corporations

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Division of Corporations

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694 Fax Number : (305)633-6666 : (305)633-9696

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FIRST MEDICAL CENTER, CORP.

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#### ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION **OF**

#### FIRST MEDICAL CENTER, CORP. P04000008462

		(Present	Name of Corporation	n)	TAL S	8		
		section 607.1006, famendments to		, this Florida profit co orporation:	rporation	AON 9		
PLS DELETE A	S REG AGE S VP: JORG	NT, PRESIDEN E LUIS MILIA	<u>TYS/TREASUR</u> N	ig amended, added or o ER: SARODY MILIA	N MG	13 PM		
PLS ADD AS R EAGLE NEST I PLS LEAVE TH	ln, suite 2:	80, MIAMI LAK	ES, FL 33014	<u>URER</u> ; ALEM GARO	CIA 1549	္အ: 06		
SECOND: If an shares, provision follows:	amendment p s for impleme	provides for an ex enting the amend	change, reclassif ment if not conte	ication or cancellation ined in the amendmen	of issued at itself, a	re as		
THIRD: The dat FOURTH: Adop								
	The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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): AThe number of votes cast for the amendment(s) was/were sufficient for approval by  A. (Voting group)								
		s/were adopted by not required.	y board of directo	rs without shareholde	r action a	ad		
The amendment(s) was/were adopted by the incorporator without shareholder action and shareholder action was not required.								
SIGNED THIS	DAY, 2006	SIGNATURE:		~ · · /				

(By the Chairman or Vice Chairman of the Board of Directors, President, Incorporator, Director, Registored Agent or other officer if adopted by the shareholders.)

TYPED OR PRINTED NAME: SARODY MILIAN

TITLE: PRESIDENT

EQ.9 JATOT



### Registered Agent Acceptance Letter

Having been named as Registered Agent and to accept service of process for the stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the performance of my duties and I am familiar with and accept the obligations my position as registered agent for

First medical Center Carp.

Signature:

H0000073947