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Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

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BASIC AMENDMENT

NEW HORIZONS MEDICAL INSTITUTE, INC.

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 11, 2004

NEW HORIZONS MEDICAL INSTITUTE, INC. 1933 SW 27TH AVENUE MIAMI, FL 33145

SUBJECT: NEW HORIZONS MEDICAL INSTITUTE, INC.

REF: P04000018309

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please review the spelling of the printed name of the person signing, and correct your document accordingly.

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Michelle Milligan Document Specialist FAX Aud. #: E04000164506 Letter Number: 304A00049774

Articles of Amendment to Articles of Incorporation of

NEW HORIZONS MEDICAL INSTITUTE, INC.

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

P04000018309

(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):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
ARTICLE VI- DIRECTORS
The names and mailing addresses of each member of the Board of Directors is:
AMAURY GEJO 18074 SW 2 ST No. 118, Miami, Florida 33174
•
ARTICLE V - REGITER AGENT .
The corporation Registered Agent and Registered office in the State of Florida shall be:
AMAURY GEJO 18074 SW 2 ST No. 118/jMiami, Florida 85174
Registered Agent Signature:
(Arrach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
·
(continued)

The date of each amendment(s) adoption: 08-09-2004
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
In 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 9 day of August 2004 Signature X (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)
Amatiry GEJO
(Typed or printed name of person signing)
President
(Title of person signing)

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