

POH 000033652

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DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

BASIC AMENDMENT

VITA LIFE MEDICAL CLINIC, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Amend  
7/21/04

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Articles of Amendment  
to  
Articles of Incorporation  
of  
VITA LIFE MEDICAL CLINIC, INC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

③

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

**FIRST:** Amendments adopted:

The name of the officers of the corporation, who shall hold office for the first year or until his successor(s) are duly elected and qualified shall be:

OFFICER	% OF SHARES
Pilar Milagros Miranda-President, V. President, Director, Secretary & Treasurer	100%

**SECOND:** Amendments adopted:

The registered Agent for services of process in the State of Florida and its registered office shall be:

Pilar Milagros Miranda  
1030 Alhambra Circle  
Coral Gables, Florida 33134

**THIRD:** Amendments adopted:

If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

NONE

**FOURTH:** Amendments adopted:

The date of each amendment's adoption: June 24, 2004

**FIFTH:** Adoption of Amendments

The amendment(s) was/were approved by the incorporators without shareholder action and shareholder action was not required.

Signature: Francisco Vargas Signed this 24<sup>th</sup> day of June 2004.  
Francisco Vargas - President

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / RESGISTERED OFFICE**

Vita Life Medical Clinic, Inc.  
(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
REGISTERED AGENT

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