

P04000045344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

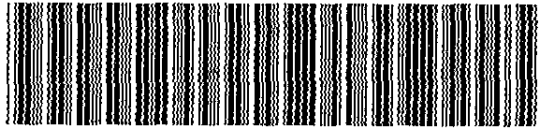
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700038747357

07/29/04--01018--002 \*\*70.00

*Amend*

RECEIVED  
04 JUL 29 AM 10:45  
DIVISION OF REGISTRATION

FILED  
04 AUG -8 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend.*  
AUG 03 2004

X00789, 00524, 006727 28 104

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. INTERAMERICAN HEALTH CENTER INC. P04000045344  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 29, 2004

Express Corporate Filing Service Inc.  
1000 Ponce De Leon Blvd.  
Suite 101  
Coral Gables, FL 33134

SUBJECT: INTERAMERICAN HEALTH CENTER, INC.  
Ref. Number: P04000045344

We have received your document for INTERAMERICAN HEALTH CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation must maintain a registered agent. If you wish to delete Alfredo Delgado as registered agent-you must designate a new registered agent to take his place.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Document Specialist

Letter Number: 404A00047774

RECEIVED  
04 AUG -3 AM 10:23  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
INTERAMERICAN HEALTH CENTER INC.**

We the undersigned Stockholders and Directors of INTERAMERICAN HEALTH CENTER INC. a corporation organized under the laws of this State of Florida hereby certify as follows:

**ARTICLE I**

The name of the Corporation is: INTERAMERICAN HEALTH CENTER INC.

**ARTICLE II**

The Articles of Incorporation are hereby amended by the following resolution adopted by both the Board of Directors and the Shareholders:


IT IS AS FOLLOWS:

The Articles of Incorporation shall be amended to 1) remove ALFREDO A. DELGADO as President /Director and Registered Agent effective JULY 27<sup>TH</sup> 2004.  
2)The new president / director & registered agent will be: AMERICO LUIS GARCIA at 717 Ponce de Leon Blvd. Suite 302 Coral Gables, Fl 33134

The foregoing resolution was adopted by the Board of Directors and the Shareholders at a Special Joint Meeting held on JULY 26<sup>TH</sup> 2004 and was approved by a majority of the Corporation's Shareholders. Such a majority is sufficient for approval.

IN WITNESS WHEREOF, the undersigned has made, subscribed and acknowledge these Articles of Amendment this 27<sup>TH</sup> day of JULY 2004.

The Corporate Address is: 717 Ponce de Leon Blvd. Suite 302 Coral Gables, Fl 33134

  
\_\_\_\_\_  
AMERICO LUIS GARCIA  
P/d and Shareholder

Prepared by: Cabrera & Associates  
4201 S.W. 11th Street  
Miami, Florida 33134

(STATE OF FLORIDA)

FILED  
04 AUG -3 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

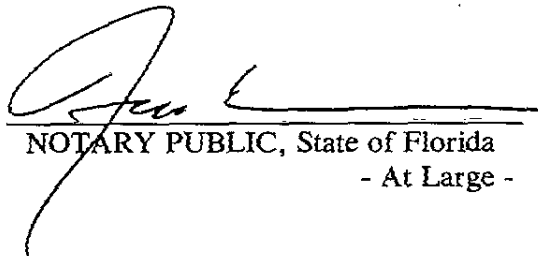
SS:  
( COUNTY OF DADE)

I HEREBY CERTIFY that on the 27<sup>TH</sup> of July 2004, personally appeared before me, an authorized officer duly commissioned to administer oaths and take acknowledgments.

AMERICO LUIS GARCIA

To me well known and known to me to be the person (s) who executed the foregoing ARTICLES OF AMENDMENT and who acknowledge that it was signed and executed for the uses and purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal at Miami, Dade County, Florida, the day and year first above written.

  
NOTARY PUBLIC, State of Florida  
- At Large -

My Commission Expires:



Rene Cabrera  
Commission #DD142822  
Expires: Sep 29, 2006  
Bonded Thru  
Atlantic Bonding Co., Inc.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, 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.



AMERICO LUIS GARCIA  
REGISTERED AGENT  
717 PONCE DE LEON BLVD  
STE 302  
CORAL GABLES, FL 33134

08/02/04  
DATE