

P04000147313

(Requestor's Name)

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PICK-UP WAIT MAIL

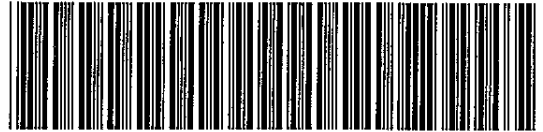
(Business Entity Name)

(Document Number)

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05 JUN 17 AM 9:12
CLERK OF STATE
TALLAHASSEE, FLORIDA

6/21/05
[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JAKARO MEDICAL CENTER, INC.

DOCUMENT NUMBER: PO4000147313

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cosette Sanchez
(Name of Contact Person)

JAKARO MEDICAL CENTER, INC.
(Firm/ Company)

1150 N.W. 72 AVE #310
(Address)

MIAMI Florida 33126
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Cosette Sanchez at (786) 326-0312
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

FILED

05 JUN 17 AM 9:12

JAKARO MEDICAL CENTER, INC.
(Name of corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P04000147313

(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 II-PRINCIPAL ADDRESS: 1150 N.W. 72 AVENUE-SUITE: 310
MIAMI, FLORIDA 33126

ARTICLE IV-REGISTERED AGENT: COSETTE SANCHEZ-1150 N.W. 72 AVE
SUITE:310 MIAMI, FLORIDA 33126

ARTICLE VI- DELETE: VIVIAN SALINAS-PRESIDENT-50%SHARES

ADD: COSETTE SANCHEZ- PRESIDENT - 100% SHARES 1150 N.W. 72 AVE
SUITE: 310 MIAMI, FLORIDA 33126

(Attach 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)

100 SHARES - COSETTE SANCHEZ

1150 N.W. 72 AVENUE SUITE: 310 MIAMI, FLORIDA 33126

(continued)

The date of each amendment(s) adoption: 06/01/2005

Effective date if applicable: 06/01/2005
(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 10 day of June, 2005.

Signature Vivian Salinas

(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)


Vivian Salinas
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agents and to accept service of process for Jakaro Medical Center, Inc. at 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 provisions of all statutes related 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 Signature