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Office Use Only



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### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 23, 2005

ESTELA VELAZQUEZ ALBEL MEDICAL CENTER, INC 4790 NW 7TH ST, SUITE 212 MIAMI, FL 33126

SUBJECT: ALBEL MEDICAL CENTER, INC,

Ref. Number: P04000159067

We have received your document for ALBEL MEDICAL CENTER, INC, and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith Document Specialist

Letter Number: 205A00053264

#### TRANSMITTAL LETTER

Department of State
Division of Corporations
Amendment Section
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: _	Albel Medical Center, Inc.
	(Proposed corporate name - must include suffix)
DOCUMENT N	P04000159067
Enclosed A	rticle of Amendment and fee submitted for filing.
Please ret the follow	urn all correspondence concerning this matter to ring:
	Estela Velazquez (Name of Person)
	· ·
	Albel Medical Center, Inc.  (Name of Firm/ Company)
	4790 NW 7 <sup>th</sup> Street, Suite 212
	(Address)
	Miami , FL 33126
	(City/State/ and Zip Code)
For furthe	er information concerning this matter, please call:
Esther M Díaz	305-710-7839
Enclosed i	s a check for the following amount
\$ 35.00 Filing Fe	

#### FILED

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## ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

#### Albel Medical Center, Inc.

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendments to its Articles of Incorporation:

#### **AMENDMENT ADDOPTED:** Changed the following articles:

#### ARTICLE II will read:

The principal place of business address is:

4790 NW 7<sup>th</sup> Street, suite 212 Miami, FL 33126 The mailing address is the same as above

#### ARTICLE V will read:

The name and Florida street address of the register agent is:

Iraida Pando 10090 NW 80CT, Apt 1438 Hialeah, FL 33016 I certify that I am familiar with and accept the responsibilities of registered agent.

#### ARTICLE VII will read:

Title: P Iraida Pando 10090 NW 80 CT, Apt 1438 Hialeah, FL 33016

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#### The date of each amendment

August 6, 2005

#### Effective date if applicable: Same

#### Adoption of Amendments

The amendments were approved by the shareholders. The number of votes east for the amendments were sufficient for approval.

Signed the 5th day of August, 2005 by:

Estela Velazquez President

And:

Having been named as registered agent and to accept service of process for the above 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 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

Iraida Prado Registered Agent