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SECRETARSSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: D'MITCHEL M	MEDICAL INSTITUTE, INC.	
DOCUMENT NUMBER: P04000160150		
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
ERNESTO MITCHEL		
(Name of Co	ontact Person)	
D'MITCHEL MEDICAL INS	TITUTE, INC.	
(Firm/ (Company)	
5783 SW 40 ST # 201		
(Ad	dress)	
MIAMI, FLORIDA 33155		
(City/ State	and Zip Code)	
For further information concerning this matter, ple	ase call:	
ERNESTO MITCHEL	_ at (786) 317-0187	
(Name of Contact Person)	(Area Code & Daytime Telepho	one Number)
Enclosed is a check for the following amount:		
□\$35 Filing Fee Status Status	Certified Copy (Additional copy is	\$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 Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

D'MITCHEL MEDICAL INSTITUTE, INC.

OS OFC FILED AN SISH (Name of corporation as currently filed with the Florida Dept. of State)

P04000160150

(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:

N/A	
	ompany," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") the word "chartered", "professional association," or the abbreviation "P.A."
	OTHER THAN NAME CHANGE) Indicate Article Number(s ded, added or deleted: (BE SPECIFIC)
ARTICLE II:THE PRINCI	PAL PLACE OF BUSINESS ADDRESS MUST
CHANGE TO 434 SW 12	AVE SUITE 405 MIAMI, FLORIDA 33130.
ARTICLE VII: MUST BE A	ADDED JORGE LUIS CRUZ AS VP AND HIS
ADDRESS MUST READ 5	783 SW 40 ST # 201 MIAMI, FLORIDA 33155.
<u></u>	(Attach additional pages if necessary)
	hange, reclassification, or cancellation of issued shares, provision if not contained in the amendment itself: (if not applicable, indicate
N/A	

(continued)

The date of each amendment(s) adoption: 11-01-2005
Effective date if applicable: 11-01-2005
(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.
Signature (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)
ERNESTO MITCHEL
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

FILING FEE: \$35