

P05000011032

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000096834 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : XIOMARA LEE, P.A.
Account Number : I20040000008
Phone : (305)262-2323
Fax Number : (305)262-2324

05 APR 19 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RECEIVED
05 APR 19 PM 4:05
DIVISION OF CORPORATIONS

BASIC AMENDMENT
VIVI MEDICAL CENTER INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing

Public Access Help

AMEND
RCS/20

((H050000968343))

Articles of Amendment
to
Articles of Incorporation
of

VIVI MEDICAL CENTER INC.

(Name of corporation as currently filed with the Florida Dept. of State)

P05000011032

(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.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

ARTICLE V: DELETE PRESIDENT/DIRECTOR:

JOEL MACHADO, 585 E 49TH ST SUITE 3, HIALEAH, FL 33013

ADD NEW PRESIDENT/DIRECTOR:

ABEL SANTAMARIA, 585 E 49TH ST SUITE 3, HIALEAH, FL 33013

ARTICLE VI: DELETE REGISTERED AGENT:

JOEL MACHADO, 585 E 49TH ST SUITE 3, HIALEAH, FL 33013

ADD NEW REGISTERED AGENT:

ABEL SANTAMARIA, 585 E 49TH ST SUITE 3, HIALEAH, FL 33013

(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)

(continued)

05 APR 19 PM 4:13
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H050000968343))

The date of each amendment(s) adoption: APRIL 19, 2005

Effective date if applicable: APRIL 19, 2005
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

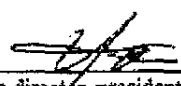
- The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting 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 19TH day of APRIL, 2005

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)

JOEL MACHADO

(Typed or printed name of person signing)

PRESIDENT/DIRECTOR

(Title of person signing)

((H050000968343))

((H050000968343))

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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

Abel Santamaría
585 E 49th St Suite 3
Hialeah, FL 33013

((H050000968343))