## P05000069194

(Re	equestor's Name)	
(Ad	dress)	
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☐ PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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SECRETARY OF STATE

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## LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

MIMIN, 1 L 35 103 (000) 002-0	).
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ORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):
HEALTH GATE MEI	DICFL, CORP
(Cosponeron Penne)	(Dominal #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
Walk in Pick up time	2 ⋅ o 6
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

CR2E031(7/97)

## Articles of Amendment to Articles of Incorporation of

HEALTH GATE MEDICAL, CORP.

(Name of cornoration as	currently	filed	with the	Florida	Dent. o	of State

(Name of corporation as currently filed with the Florida Dept. of State)					
P05000069194					
(Document number of corporation (if known)					
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation dopts 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)					
ILEANA M. RODICIO, PCEO (DELETE)					
ILEANA M. RODICIO, PRESIDENT (ADD)					
NANCY C. MORRISSEY, VICE PRESIDENY (DELETE)					
NANCY C. MORRISSEY, REGISTERED AGENY (DELETE)					
MONICA BUENO, VICE PRESIDENT (ADD)					
MONICA BUENO, REGISTERED AGENT (ADD)					
54015.W 112ct.					
54015.W 112ct.					
(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//					
(continued)					

The date of each amendment(s) adoption: JUNE 17, 2005
Effective date if applicable: JUNE 18, 2005  (no more than 90 days after amendment file date)
(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)
(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 18th day of June 1005.  Signature Address
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)
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

FILING FEE: \$35

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERD 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 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 SIGNATURE