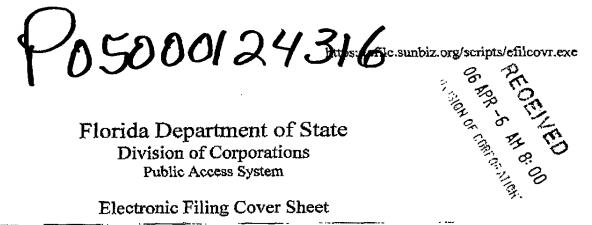
Division of Corporations



# Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696

## COR AMND/RESTATE/CORRECT OR O/D RESIGN

### JET MEDICAL CENTER, INC.

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Articles of Amendment to Articles of Incorporation

Jet Medical Center, Inc.

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

P05000124316

(Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following smendment(s) to its Articles of Incorporation:

#### NEW CORPORATE NAME (if changing):

(Anach 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 nor applicable, indicate N/A)

40000091458

(continued)

EO.9 JATOT

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The date of each amendment(s) adoption:	04/02/2006
Effective date if applicable:	04/02/2006
(no more than 90	tieys after amondment file date)
Adeption of Amendment(s) (CHEC	KONE)
	oved by the shareholders. The number of votes cast for lers was/were sufficient for approval.
	rved by the shareholders through voting groups. The stely provided for each voting group entitled to vote
"The number of votes cast for t	he amendment(s) was/were sufficient for approval by
(voting group	p)
The amendment(s) was/were adopt and shareholder action was not req	ed by the board of directors without shareholder action uned.
[X] The amendment(s) was/were adopt shareholder action was not required	ed by the incorporators without shareholder action and
Signature  (By a director, president of selected, by an incorporal appointed fiduciary by the	other officer - if directors or officers have not been not - if in the hands of a receiver, trustee, or other court nat fiduciary)
	scalante
(Typed	or printed name of person signing)
President /	/ Incorporator
	(Title of person signing)

FILING FEE: \$35

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