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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF C	CORPORATION:	Florida Kidz a	nd Families Medical Ce	enter, Inc.
DOCUMENT	r number: P06	000042617		****
The enclosed	Articles of Amendi	ment and fee are s	ubmitted for filing.	
Please return	all correspondence	concerning this m	atter to the following:	
	Marta Torrent			
		(Name of C	ontact Person)	
	Florida Kidz &	Families Me	dical Center, Inc.	
		(Firm/	Company)	·
%	11479 Southwe	est 40th Stree	t	
		(Ad	dress)	
	Miami, Florida 3			
		(City/ State	and Zip Code)	
For further in	formation concernia	ng this matter, ple	ase call:	
Maria Torre			_at (305) 221-72:	
	(Name of Contact Pers	on)	(Area Code & Daytime	Telephone Number)
Enclosed is a	check for the follow	ving amount:		
☑ \$35 Filing Fe		ling Fee & e of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	dment Section on of Corporations Box 6327 assee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cir	rcle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Florida Kidz and Families Medical Center, IncSECRETARY DE STATE (Name of corporation as currently filed with the Florida Dept. of State) HASSEE. FLORIDA P06000042617 (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):** Florida Kidz & Families Medical Center, Inc. (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) (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)

The date of	each amendment(s) adoption: May 10, 2007	
Effective da	nte if <u>applicable</u> : May 10, 2007	
	(no more than 90 days after amendment file date)	
Adoption o	f Amendment(s) (CHECK ONE)	
	The amendment(s) was/were approved by the shareholders. The number of votes cast for he amendment(s) by the shareholders was/were sufficient for approval.	r
f	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 eparately 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 action was not required.)ri
	The amendment(s) was/were adopted by the incorporators without shareholder action an hareholder action was not required.	ıd
	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)	
	Lloyd HERSHMAN M.D. (Typed or printed name of person signing) Vice - Resident	
	(Typed or printed name of person signifig)	
	Vice-Ovesident	
	(Title of person signing)	

FILING FEE: \$35