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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
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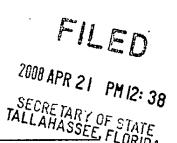
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: BEST MEDI	CAL OFFICE, INC	· .
DOCUMENT N	JMBER: P06000051415		·
The enclosed Arti	cles of Amendment and fee a	re submitted for filing.	
Please return all c	orrespondence concerning thi	is matter to the following:	
NA	NCY.A. DIAZ		
	(Name	of Contact Person)	
	(Fin	rm/ Company)	
261	1 S.W. 3RD ST		
		(Address)	<i>,</i>
MIA	MI, F. 33135		
	(City/ S	tate and Zip Code)	
For further inform	ation concerning this matter,	please call:	
at (+++)			
·	e of Contact Person)	(Arca Code & Daytime	Telephone Number)
Enclosed is a chec	k for the following amount:		
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status		□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

Articles of Amendment to Articles of Incorporation of



BEST MEDICAL OFFICE, INC

P06000051415

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

(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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.") (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)
CHANGE OF OFFICER/DIRECTOR
IDALIA A. ACOSTA MD (PD) DELETE
6000 S.W. 135 TERRACE
PINECREST, FL. 33156
(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: APRIL 15,2008
Effective date if applicable: APRIL 15,2008
(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)
IDALIA A. ACOSTA M.D.
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

FILING FEE: \$35