

PD60000091109

Aug 3. 2009 9:50PM

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Florida Department of State
Division of Corporations
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Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : PADRON AND ASSOCIATES INC.
Account Number : I20060000156
Phone : (305) 818-0404
Fax Number : (305) 818-0898

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 AUG -3 PM 2:46

COR AMND/RESTATE/CORRECT OR O/D RESIGN

DIAMOND MEDICAL ENTERPRISE INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
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Amend
Name chg
@ 8/3/09

Electronic Filing Menu

Corporate Filing Menu

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Aug. 3. 2009, 9:50PM

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DIAMOND MEDICAL ENTERPRISE INC.

DOCUMENT NUMBER: P06000091109

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RALPH PADRON

Name of Contact Person

PADRON & ASSOCIATES, INC.

Firm/ Company

2095 W 76 STREET - SUITE 102

Address

HIALEAH, FL 33016

City/ State and Zip Code

RALPH@RALPHPADRON.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RALPH PADRON

Name of Contact Person

at (305)

818-0404

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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~~HD9000171264 3~~



July 31, 2009

FLORIDA DEPARTMENT OF STATE

DIAMOND MEDICAL ENTERPRISE INC. Division of Corporations
7374 NW 35TH TER, STE 102
MIAMI, FL 33122

SUBJECT: DIAMOND MEDICAL ENTERPRISE INC.
REF: P06000091109

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect corporate name. The cover sheet must reflect the current name. Please generate a cover sheet under the appropriate corporate name. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

Please accept our apology for failing to mention this in our previous letter.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia G. Bert
Regulatory Specialist II

FAX Aud. #: H09000171264
Letter Number: 209A00026355

RECEIVED
2009 AUG -3 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



July 30, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DIAMOND MEDICAL ENTERPRISE INC.
7374 NW 35TH TER, STE 102
MIAMI, FL 33122

SUBJECT: DIAMOND MEDICAL ENTERPRISE INC.
REF: P06000091109

We have received your document for DIAMOND MEDICAL ENTERPRISE INC. and your check(s) totaling \$. However, the proposed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The conflict is p03000010989.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H09000171264
Letter Number: 909A00026131

Aug. 3. 2009 9:50PM
~~EDUCATION~~

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Articles of Amendment
to
Articles of Incorporation
of

DIAMOND MEDICAL ENTERPRISE INC.

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

P06000091109

(Document Number of Corporation (if known))

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 AUG -3 PM 2:46

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

A. If amending name, enter the new name of the corporation:

DIAMOND ENTERPRISES GROUP, INC.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

10110 DOMINICAN DRIVE

MIAMI, FL 33189 US

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

10110 DOMINICAN DRIVE

MIAMI, FL 33189 US

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

LUIS O. CHANG

New Registered Office Address:

10110 DOMINICAN DRIVE

(Florida street address)

MIAMI

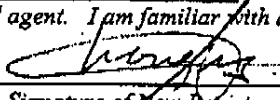
(City)

Florida 33189

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PSTD</u>	<u>WILLIAM E. SANCHEZ MD</u>	<u>200 S.W. 117 TER. #107</u> <u>PEMBROKE PINES, FL 33025</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>PSTD</u>	<u>LUIS O. CHANG</u>	<u>10110 DOMINICAN DRIVE</u> <u>MIAMI, FL 33189 US</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an 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)

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The date of each amendment(s) adoption: JULY 14, 2009
(date of adoption is required)

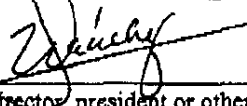
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted 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.

Dated JULY 14, 2009

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)

WILLIAM E. SANCHEZ MD
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

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