P06000104/35

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MIAMI DADE MEDICAL CONSULTANTS INC.			
DOCUMENT NUMBER: P06000104135			
The enclosed Articles of Amendment and fe	ee are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
DEBORA GARCIA			
(Nai	me of Contact Person)		
	(Firm/ Company)		
	3041 SW 134 CT (Address)		
	(Address)		
	//JIAMI, FL 33175 y/ State and Zip Code)		
For further information concerning this matt	ter, please call:		
DEBORA GARCIA (Name of Contact Person)	at (786) 234-299 (Area Code & Daytime		
Enclosed is a check for the following amoun	nt made payable to the Florida Depa	artment of State:	
☑\$35 Filing Fee	\$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 Cir	cle	

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of MIAMI DADE MEDICAL CONSULTANTS INC. (Name of Corporation as currently filed with the Florida Dept. of State) P06000104135 (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:

A. If amending name, enter the new name of the corporate
--

The new name must be distinguishable "incorporated" or the abbreviation "Corp"Co". A professional corporation nassociation," or the abbreviation "P.A."	o" "Inc.," or Co.," or the	designation "Corp," "Inc," or
B. Enter new principal office address, if a (Principal office address MUST BE A STR		CHANGES)
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		HANGES)
D. If amending the registered agent and/o		in Florida, enter the name of the
new registered agent and/or the new r	egistered office address:	
Name of New Registered Agent:	NO CHANGES	
New Registered Office Address:	(Florida street	address)
	•	. Florida
	(City)	(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

<u>If amending the Officers and/or Directors, enter the title and name of each officer/director being</u> 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>	Address	Type of Action
VP	ARAELIO GUERRA	3041 SW 134 CT MIAMI, FL 33175	
			Add Remove
(allach ad	dditional sheets, if necessary). (Be sp	ecific)	
<u>provisio</u> (if n	nendment provides for an exchange, ons for implementing the amendment of applicable, indicate N/A)	reclassification, or cancellation of if not contained in the amendm	of issued shares, ent itself:
NOT APP	LICABLE		

The date of each amendment(s) adoption: 01-01-2009			
Effective date if applicable:			
(r	o more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.		
	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):		
by Allutat	for the amendment(s) was/were sufficient for approval Auto " Oting group)		
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder		
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder		
Dated 0	5/12/09		
Signature			
(By a c	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)		
<u>I</u>	OEBORA GARCIA (Typed or printed name of person signing)		
<u> </u>	PRESIDENT & SHAREHOLDER		
	(Title of person signing)		