P06000123405

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TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

NAME OF CORPORATION:	BALANCE MEDICAL CENTER CORP
DOCUMENT NUMBER:	P06000123405
The enclosed Articles of Amendme	and fee are submitted for filing.
Please return all correspondence co	cerning this matter to the following:
	JAMES A GUTIERREZ
,	Name of Contact Person
The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JAMES A GUTIERREZ Name of Contact Person Firm/ Company 7120 NW 179 STREET #207 Address HIALEAH, FL. 33015 City/ State and Zip Code E-mail address: (to be used for future annual report nonflication) For further information concerning this matter, please call: - JAMES A GUTIERREZ - at (-786-) 355-7976. Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$355 Filing Fee \$\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{	Firm/ Company
The enclosed Articles of Amendment and fee are submitted for filing. Itease return all correspondence concerning this matter to the following: JAMES A GUTIERREZ	
<u> </u>	
E-mail addic	ss: (to be used for future annual report notification)
For further information concerning	his matter, please call:
JAMES A GUTIERR	<u>EZ at (- 786) - 355-7976.</u>
Name of Contact Person	
Enclosed is a check for the followin	g amount made payable to the Florida Department of State:
	Status Certified Copy Certificate of Status
Amendment Section Division of Corporations	Amendment Section Division of Corporations

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BALANCE MEDICAL CENTER CORP

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

P06000123405

F00000123403	
(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 607,1006, Florida Statut mendment(s) to its Articles of Incorporation:	(Document Number of Corporation (if known) It to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the ent(s) to its Articles of Incorporation: Intending name, enter the new name of the corporation: The ust be distinguishable and contain the word "corporation." "company." or "incorporated" of the designation "Corp., ""Inc.," or "Co". A professional corporation the word "chartered," "professional association," or the abbreviation "P.A." I new principal office address, if applicable: al office address MUST BE A STREET ADDRESS HIALEAH, FL. 33015 Per new mailing address, if applicable: Iling address MAY BE A POST OFFICE BOX T120 NW 179 STREET #207 HIALEAH, FL. 33015 HIALEAH, FL. 33015 Mending the registered agent and/or registered office address in Florida, enter the name of the registered agent and/or the new registered office address: Name of New Registered Agent:
(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the formendment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: The manner must be distinguishable and contain the word "corporation." "company." or "incorporated" or to a bibreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation ame must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: The new principal office address, if applicable: The new principal office address, if applicable: The new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) To NW 179 STREET #207	
	The ne
bbreviation "Corp.," "Inc.," or Co.," or the designation "C	ooration," "company," or "incorporated" or th orp," "Inc," or "Co". A professional corporation
3. Enter new principal office address, if applicable:	7120 NW 179 STREET #207
Principal office address <u>MUST BE A STREET ADDRESS</u>)	HIALEAH, FL. 33015
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7120 NW 179 STREET #207
	HIALEAH, FL. 33015
Name of New Registered Agent:	
	
New Registered Office Address: (Florida)	da street address)
	, Florida
(City)	(Zip Code)
Signature of New	Registered Agent if changing

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>	Address	Type of Action
<u> </u>	BUITRAGO PAOLA A	4177 SW 183 AVENUE MIRAMAR, FL. 33029	□ Add ☑ Remove
<u>P</u>	JAMES A GUTIERREZ	7120 NW 179 STREET #207 HIALEAH, FL. 33015	☑ Add □ Remove
(attach at	dditional sheets, if necessary). (Be s	:pecific) :	
provisio		reclassification, or cancellation of integration of	itself:
	· · · · · · · · · · · · · · · · · · ·		

The date of each amendmen	t(s) adoption: $\frac{Q\xi}{Q}$	6/21/2010		
Effective date if applicable:	06/21/2010	(date of adopt	tion is required)	_
	(no more than 9	90 days after ame	endment file date)	
Adoption of Amendment(s)	(<u>C</u> 1	HECK ONE)		
The amendment(s) was/we by the shareholders was/w			The number of votes east for the amendr	nent(s)
The amendment(s) was/we must be separately provide	ere approved by the	ne shareholders th g group entitled to	hrough voting groups. The following stop vote separately on the amendment(s):	alemen
"The number of votes	cast for the amen	idment(s) was/we	ere sufficient for approval	
by			.,,	
	(voting group)			
The amendment(s) was/we action was not required.	re adopted by the	incorporators wi	ithout shareholder action and sharehold	er
Dated_06/2	1/2010		_	
			•	
Signature	JAMES (·	
(By sele	a director, presid	dent or other offic porator – if in the	cer – if directors or officers have not be thands of a receiver, trustee, or other co	
	DANGS	A GUTIERRE	2	
_	(Ty	ped or printed nar	me of person signing).	
	PRE	ESIDENT		
		f person signing)		