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SECRETARY OF STATE
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORI	PORATION: INNOVATIV	/E MEDICAL HEALTH (	CENTER, CORP.
DOCUMENT NU	MBER: <u>P07000003646</u>		
The enclosed Artic	cles of Amendment and fee ar	e submitted for filing.	
Please return all co	orrespondence concerning this	s matter to the following:	
SH	RLEY BERANGER		
	(Name o	f Contact Person)	
INI	NOVATIVE MEDICAL	HEALTH CENTER, C	ORP.
	(Fin	m/ Company)	
805	1 NE 2ND AVENUE		
	(	(Address)	
MIA	MI, FL 33138		
T 6 1 1 6		ate and Zip Code)	
For lurther inform	ation concerning this matter,	please call:	
SHIRLEY BERANGER		at (786) 419-8	
·	e of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a chec	k for the following amount:		
□\$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)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center O	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

2008 JUL 30 AM 7: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## INNOVATIVE MEDICAL HEALTH CENTER, CORP.

P07000003646

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

(Document number of corporation (it 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)
DELETE: NYDIA DEL VALLE; SECRETARY VICE TREASURER; FEI NUMBER 841723387
DELETE: 8567 CORAL WAY #321, MIAMI, FL 33155; PRINCIPAL, MAILING & REGISTERED AGENT'S ADDRESS
ADD: SHIRLEY BERANGER; TREASURER, SECRETARY
ADD: SHIRLEY BERANGER; REGISTERED AGENT'S ADDRESS 8051 NE 2nd ANE, MIAMI, FL 33138
ADD: FEI NUMBER 841723878.
(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
I, SHIRLEY BERANGER, THE REGISTERED AGENT AGREE TO THE ADDRESS CHANGE.
THE PURPOSE OF THIS CORPORATION IS FOR HEALTHCARE CLINIC.

(continued)

The date of each amendment(s) adoption: 07/29/2008
Effective date if <u>applicable</u> : 07/29/2008 (no more than 90 days after amendment file date)
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
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 firector, 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)
ALPHONSE GILOUX DUFRENY, M.D.
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

FILING FEE: \$35