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(F	Requestor's Name)	
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· (C	City/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nar	me)
(C	Occument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	o Filing Officer:	

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

100 0 2007

Given

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: In Vivo	Clinical Research, Inc.
DOCUMENT NUMBER: P0700002624	1 1
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Maria Arevalo	
<u> </u>	Name of Contact Person)
	(Firm/ Company)
3900 NW 79 Avenue, Su	
	(Address)
Doral, Florida 33166	
For further information concerning this ma	City/ State and Zip Code) atter, please call:
Maria Arevalo	at (305) 49/-1599
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amo	unt:
□\$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee &
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

Articles of Amendment to **Articles of Incorporation** of



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

ON THE STATE OF STATE P07000026241 (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:

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) Amend - Article I - Mailing address to: 3900 NW 79 Avenue, Suite 228-230, Doral, Florida 33166 Amend - Article V - Register Agent to: Maria Arevalo, 3900 NW 79 Avenue, Suite 228-230, Doral, Florida 33166 Amend - Article VI - Initial Board of Directors Change to Initial Officers as follows: (Amend) Maria Arevalo, President, 3900 NW 79 Avenue, Suite 228-230, Doral, Florida 33166, NOT DIRECTOR (Amend) Maria V. Perez, Vice President, 3900 NW 79 Avenue, Suite 228-230, Doral Florida 33166, NOT DIRECTOR (Delete) Antonio Perez, 930 Hialeah Drive, Suite 215, Hialeah, Florida 33010 (Delete) Marcos Ordonez, 930 Hialeah Drive, Suite 215, Hialeah, Florida 33010 (Delete) Luis Canete, 930 Hialeah Drive, Suite 215, Hialeah, Florida 33010 (Delete) Neiner Enriquez, 930 Hialeah Drive, Suite 215, Hialeah, Florida 33010 (Attach additional pages if necessary)

N/A			

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: March 1, 2007			
Effective date if applicable:	February 23, 2007		
	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
	was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.		
	was/were approved by the shareholders through voting groups. The at must be separately provided for each voting group entitled to vote amendment(s):		
"The number o	f votes cast for the amendment(s) was/were sufficient for approval by		
	(voting group)		
	was/were adopted by the board of directors without shareholder action tion was not required.		
The amendment(s) shareholder action	was/were adopted by the incorporators without shareholder action and was not required.		
selec appo	director, president or other officer - if directors or officers have not been eted, by an incorporator - if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary) ria Arevalo (Typed or printed name of person signing)		
_			
Pre	(Title of person signing)		
	(Title of person signing)		

FILING FEE: \$35