P07000094556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

Amend
News
9-11-08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ANGIE DIAGNOSTIC & MEDICAL CENTER INC
(Name of Corporation)

DOCUMENT NUMBER: P07000096556

The enclosed ~~Statement of Change of Registered Office/Agent~~ Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEYDY M GUZMAN
(Name of Contact Person)

ANGIE DIAGNOSTIC & MEDICAL CENTER INC
(Firm/Company)

9600 SW 8 ST SUITE 17
(Address)

MIAMI FL 33174
(City/State and Zip Code)

For further information concerning this matter, please call:

LEYDY M GUZMAN at (786) 280-0799
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a $35.00 check made payable to the Department of State.

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

CR2E045 (8/05)

Articles of Amendment
to
Articles of Incorporation
of

FILED
2008 SEP -8 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANGIE DIAGNOSTIC & MEDICAL CENTER INC.

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

P07000096556

(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)

ARTICLE V - OFFICERS AND/OR DIRECTORS

Delete: DIANA VARGAS/PRESIDENT Add : GALIA ABAD/PRESIDENT

9600 SW 8 ST SUITE 17 MIAMI FL 33174 9600 SW 8 ST SUITE 17 MIAMI FL 33174

ADD: LEYDA M GUZMAN VP/ SECRETARY OF OPERATION

9600 SW 8 ST SUITE 17 MIAMI FL 33174

(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)

N/A

(continued)

The date of each amendment(s) adoption: 8/27/08

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

Adoption of Amendment(s) **(CHECK ONE)**

☐ 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 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)

GALIA ABAD
(Typed or printed name of person signing)

PRESIDENT/ DIRECTOR
(Title of person signing)

FILING FEE: $35