P080000082852

(Red	questor's Name)
(Add	dress)
(Add	dress)
(City	//State/Zip/Phone #)
PICK-UP	WAIT MAIL
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SECRETARY OF STATE AT LCAHASSEE, FLORIBA

Anund CC July 19/19/09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	PRPORATION: BEST LINE MEDICAL CENTER INC.			
DOCUMENT NUMBER:	ER:P08000082852			
The enclosed Articles of Amendme	nt and fee are submitted for filing.			
Please return all correspondence co	ncerning this matter to the following:			
	EDUARDO ERCIA			
	Name of Contact Person			
	BEST LINE MEDICAL CENTER INC.			
	Firm/ Company			
	324 N DALE MABRY HWY SUITE 201			
	Address			
	TAMPA FLORIDA, 33609			
	City/ State and Zip Code			
E-mail addi	PHOENIXBPG@MSN.COM ess: (to be used for future annual report notification)			
For further information concerning	this matter, please call:			
	NAat (813)870-1900			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following	g amount made payable to the Florida Department of State:			
□ \$35 Filing Fee □ \$43.75 Filin Certificate o				
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

BEST LINE MEDICAL CEN	
(Name of Corporation as currently filed with t	
P08000082852	
(Document Number of Corporati	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the fol
A. If amending name, enter the new name of the corporation	<u>n:</u>
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associa	orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	324 N DALE MABRY HWY
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE 201
	TAMPA FLORIDA 33609
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent:	
New Registered Office Address: (Flori	da street address)
·	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami	
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) Type of Action <u>Address</u> Title Name ☐ Add Remove ☐ Add ☐ Remove ☐ Add E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an 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)

The date of each amendmen	t(s) adoption: 12	2/08/2009
Effective date <u>if applicable</u> :	12/08/2009	(date of adoption is required)
	(no more than 9	00 days after amendment file date)
Adoption of Amendment(s)	(<u>C</u>	IECK ONE)
The amendment(s) was/we by the shareholders was/w		shareholders. The number of votes cast for the amendment(s) approval.
		ne shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amer	dment(s) was/were sufficient for approval
by		.,,
-	(voting group)	
The amendment(s) was/wa action was not required.	ere adopted by the	e board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the	e incorporators without shareholder action and shareholder
Dated_12/0	08/2009	
		dent or other officer – if directors or officers have not been
	ected, by an incorporated fiduciary	porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
and the second		GEOVANI F ROBAINA
	(Ту	ped or printed name of person signing)
		V. PRES
	(Title o	of person signing)