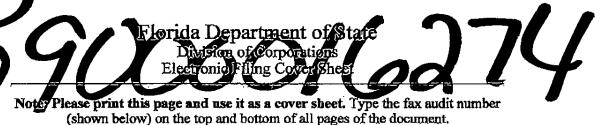


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(((H110000143053)))



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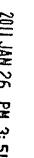
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January 26, 2011

FLORIDA DEPARTMENT OF STATE

ELITE MEDICAL SERVICES CENTER INC.

Division of Corporations
5040 NW 7 STREET

SUITE 490

JAH 26

MIAMI, FL 33126

SUBJECT: ELITE MEDICAL SERVICES CENTER INC.

REF: P09000016274

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THE LAST PAGE WAS NOT ATTACHED.

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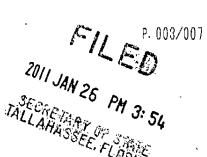
If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

FAX Aud. #: H11000014305 Letter Number: 311A00002176

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## Articles of Amendment to Articles of Incorporation of



ELITE MEDICAL SE	RVICES CEN	ITER INC.	
(Name of Corporation as current	tly filed with the F	lorida Dept. of Sta	te)
P0900	00016274		
(Document Number	er of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, th	is <i>Florida Profit</i> (	Corporation adopts the following
A. If amending name, enter the new name of the	ne corporation:		
			The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "profes	esignation "Corp,"	"Inc," or "Co". A	1 professional corporation
B. Enter new principal office address, if applic	able:		
(Principal office address MUST BE A STREET.	ADDRESS)		<del></del>
		•	
		<del></del>	******
C. Enter new mailing address, if applicable:			
(Maiting address MAY BE A POST OFFICE	BOX)		
		···	
D. If amending the registered agent and/or reg	istered office addr	ess in Florida, ente	r the name of the
new registered agent and/or the new registe	red office address:		
Name of New Registered Agent:			-
New Registered Office Address:	(Florida str	eet address)	-
			Florida
_	(City)	(Zip	, Florida Code)
New Registered Agent's Signature, if changing	Dardstowed Agents	, -	
I hereby accept the appointment as registered ages	nt. I am familiar w	ith and accept the a	bligations of the position.
· ·	-	•	<u> </u>

Signature of New Registered Agent, if changing

remoyed an (Attach addi	d title, name, and address tional sheets, if necessary)	of each Officer and/or Director being added:	
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>VP</u>	ONEL MARQUEZ	7324 MIAMI LAKES HWY ST. MIAMI LAKES, FL 33014	🖸 Add 🗖 Remove
			Add Remove
			_
E. If amend (attach ad	ling or adding additional A ditional sheets, if necessary)	rticles, enter change(s) here: ). (Be specific)	
	·		
		b	
		;	<del></del>
provisio	pendment provides for an e ps for implementing the an ot applicable, indicate N/A)	exchange, reclassification, or cancellation of is nendment if not contained in the amendment	sued shares itself:

The date of each amendment(	s) adoption: 01-18-2011
Effective date if applicable:	(date of adoption is required)
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The smendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(see sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes o	ast for the amendment(s) was/were sufficient for approval
by	voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated 01-18	-2011
selec	director, president or other officer – if firectors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	RODRIGUEZ, LAZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)