P11000052197

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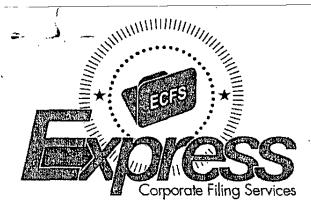
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Anero C.COULLIETTE

OCT - 6 2011

EXAMINER



1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

Excellence	medical Solutions, a
(Corporation Name)	(Document #) P11000052
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
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Mail out Will wait NEW FILINGS Profit NonProfit	Photocopy Certificate of Status AMENDMENTS: Amendment Resignation of R.A., Officer/ Director

OTHER FILINGS		
	Annual Report	
	Fictitious Name	
	Name Reservation	

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Examiner's Initials)
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Articles of Amendment Articles of Incorporation of

EXCELLENCE MEDICAL SOLUTIONS, INC.

(Name of Corporation	as currently	filed with t	he Florida	Dept. of State)

(Name of Corporation as curr	ently filed with the Florid	a Dept. of State)	
P11	000052197		
(Document Nur	nber of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this Fl	lorida Profit Corporation add	opts the following
A. If amending name, enter the new name o	f the corporation:		
			The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Ĉorp," "Inc	," or "Co". A professional	
B. Enter new principal office address, if app	olicable:		
(Principal office address <u>MUST BE A STREE</u>		1,7	— 強
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI) D. If amending the registered agent and/or new registered agent and/or the new regi	cegistered office address in	1 Florida, enter the name of	SECRETARY OF STATION ISIDE OF CORPORATION IN LEGISLATION IN LEGISL
Name of New Registerea Agent:			
New Registered Office Address:	(Florida street a	ddress)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing the language of the Appointment as registered a second contract the appointment as registered and the language of the language o		nd accept the obligations of th	e position.
	ignature of New Registered	Agent, if changing	

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action	
P/D	Jose C. Suarez Diaz, MD	3061 W. FLAGLER STREET MIAMI. FL 33135	☐ Add ☐ Remove	
VP/D	Luis Lima	3061 W. FLAGLER STREET MIAMI, FL 33135	☐ Add☐ Remove □	er change
			Add Remove	
	ng or adding additional Articles, enter of itional sheets, if necessary). (Be specificational sheets)			
provisions	ndment provides for an exchange, reclass for implementing the amendment if napplicable, indicate N/A)			
		·		

The date of each amendmen	t(s) adoption: 10-05-2011
• Effective date if applicable:	(date of adoption is required)
Effective date in appareume.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	are approved by the shareholders through voting groups. The following statement and 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_10-0	05-2011
Signature	Luis Lima
(By	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)
	Luis Lima
	(Typed or printed name of person signing)
	P/D
	(Title of person signing)