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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ALLSTATE MEDICAL CONSULTING, INC.

Account Number : I20110000067

Phone : (786)362-0124

Fax Number

: (786)558-4546

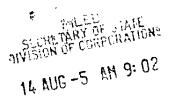
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Persi 1	Address:			
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COR AMND/RESTATE/CORRECT OR O/D RESIGN SHAYE FAMILY PRACTICE INC

inara proprieda e e esta de est Certificate of Status Certified Copy 0 Page Count 01 Estimated Charge \$35.00

Articles of Amendment to Articles of Incorporation



SHAYE FAMILY PRACTICE INC

(Name of Corporation as currently filed with the Florida Dept. of State)
P12000071684
(Document Number of Corneration (if known)

amendment(s) to

. If amending name, enter the new name of the	<u>ie corporation:</u>			
ame must be distinguishable and contain the	word "gornerat	ion " "commany " or "incorporated" or the	The	
Corp.," "Inc.," or Co.," or the designation "C	Torp," "Inc," or	"Co". A professional corporation name mi	ust conti	
ord "chartered," "professional association," or the abbreviation. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		2700 SW 137 AVE.		
		MIAMI, FL 33175		
Enter new mailing address, if applicable:	ישמעו	2700 SW 137 AVE.		
(Mailing address MAY BE A POST OFFICE	BUA)	MIAMI, FL 33175		
		100110		
. If amending the registered agent and/or reg new registered agent and/or the new registe Name of New Registered Agent		dress in Florida, enter the name of the		
	red office addre	dress in Florida, enter the name of the		
new registered agent and/or the new registe	red office <u>a</u> ddre	dress in Florida, enter the name of the ss: street address)		
new registered agent and/or the new registe Name of New Registered Agent	red office addre	dress in Florida, enter the name of the ss: street address)		

Page 1 of 4

address of each Office (Attach additional shee Please note the officer/P = President; V= Vic Executive Officer; CF(held. President, Treasu Changes should be not a change, Mike Jones i Mike Jones, V as Remo	er and/or 1 ets, if neces director til e Presiden 0 = Chlef rer, Direct ed in the fe eaves the	Director being added: ssary) itle by the first letter of the office title: nt; T= Treasurer; S= Secretary; D= Director; Financial Officer. If an officer/director holds stor would be PTD. following manner. Currently John Doe is listed	officer/director being removed and title, name, and TR= Trustee; C = Chairman or Clerk; CEO = Chief more than one title, list the first letter of each office as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,			
Example: X Change	<u>PT</u>	John Doc				
X Remove	$\underline{\mathbf{v}}$	Mike Jones				
<u>X</u> Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>	Address			
1) Change	P	VAZQUEZ, GLEISY	2700 SW 137 AVE.			
Add			MIAMI, FL 33175			
Remove						
2) Change						
L Add						
Remove						
3) L Change	-					
Add						
Remove						
4) Change						
DbA_						
Remove						
5) Change						
Add						
Remove						
Kemove						
6) Change						
Add						
Remove						

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ach additional sheets, if necessary).	(Be specific)	
<u> </u>		
		
		•
·		
		
		
amendment provides for an exch	inge, reclassification, or cancella	tion of issued shares,
visions for implementing the amer	dment if not contained in the am	endment itself:
(if not applicable, indicate N/A)		

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	SHOW OF CORPORATIONS	
The date of each amendment(s) add date this document was signed.	MAIDION -	if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more emin 90 days wier amenament fise date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendment accent for approval.	(s)
	oved by the shareholders through voting groups. The following statem ach voting group entitled to vote separately on the amendment(s):	ent
"The number of votes east fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
F	, , , , , , , , , , , , , , , , , , , ,	
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated	29/14	
Signature	ector, president or other officer – if directors or officers have not been	
selected,	by an incorporator – if it the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	πt
аррошея	() ()	
	(Typed or printed name of person signing)	
_	TRESIDENT	
	(Title of person signing)	