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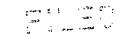


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: OPTIEM	IAL HEALT	H MEDICAL CENTE	R TNC
DOCUMENT NUMBE	حماسية سندارا	•		- 4/.0.
The enclosed Articles of	*Amendment and fee are su	abmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
	Drister OPTIMAL 17235 Nu Miami Go	Name of Contact Person HEALTH Firm/Company J 27th Ave Address av dens, FL City/State and Zip Code	33056	
<u>OP.</u>	TTMALHEAL E-mail address: (to be us	TH CONSULTA sed for future annual report	NT@GMAIL.COM	
For further information c	oncerning this matter, pleas	se call:		
<u>Mristen</u> Name of	Harris Contact Person			
Enclosed is a check for the	he following amount made	payable to the Florida Depa	rtment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amend Divisio P.O. B	g Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle issee, FL 32301	

Articles of Amendment to Articles of Incorporation of



OPTIMAL HEALTH MEDICAL CE,	
(Name of Corporation as current)	y filed with the Florida Dept of State)
P1700000 2406	SECRETARY OF PAGE,
(Document Number o	f Corporation (if known) TALLAMASSEE, FLORIZA
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation	n," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered office addinger registered agent and/or the new registered office address 	
Name of New Registered Agent Kristen	Horris
17235 N	'W 27+n Ave
(Florida str	reet address)
New Registered Office Address: Miami 6	(City)
New Registered Agent's Signature, if changing Registered Agent	Chan Fer
hereby accept the appointment as registered agent. I am familiar v	
MAHan	
Signature of New R	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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	CEO	bristen Harris	
X Add			Minmi Gardens, FL 33056
Remove			
2) Change	<u> </u>		
Add			
Remove			
3) Change			***************************************
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			12471444-71-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself;
(if not applicable, indicate N/A)	
	shares the corporation is issue is: 100
51 shares - Kr	
74 Sharps - Ar	oraham Hollist
TT Shares / 15	
J. Sirait S. File	

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendm by the shareholders was/were sufficient for approval.	ent(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	lement
"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 shareh action was not required.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	r
Dated 2-20-/7	
Signature (By a director, president or other officer – if directors or officers have not be	
selected, by an incorporator – if in the hands of a receiver, trustee, or other	
appointed fiduciary by that fiduciary)	
Abroham Hollist (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
CEO	
(Title of person signing)	