## 950025502

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SECRETARY OF STATE
ALL AHASSEE. FLORIDA

NC+AMEND TRESS

## **COVER LETTER**

TO: Amendment Section Division of Corporations  NAME OF CORPORATION:   DOCUMENT NUMBER:   The enclosed Articles of Amendment and fee a	NE."	) NAME
NAME OF CORPORATION: I made	zing Health Cla	u Diagnoi
DOCUMENT NUMBER: P9500	000 25502.	
The enclosed Articles of Amendment and fee a	are submitted for filing.	
Please return all correspondence concerning this		
(Fi	rm/ Company)	
3970 SW	67 AVE (Address)	O7 HA
Miame	FL 33/	RECEIVED  O7 HAY -9 AH 8: 00  HAY-9 AH 8: 00
For further information concerning this matter,	, please call:	) 100 100 100 100 100 100 100 100 100 10
Name of Contact Person  Enclosed is a check for the following amount:	at ( <u>305</u> ) <u>(667</u> (Area Code & Daytime Te	COT elephone Number)
\$35 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

, **	Articles of Amend	ment	* (
	· to		<i>-</i> 3
	Articles of Incorpo	ration	FILE
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Heall	Clare and	Therabsecol	enter, Ina
(Na	me of corporation as currently filed with	n the Florida Dept. of State	10 10 10 10 10 10 10 10 10 10 10 10 10 1
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$\rho$	95 0000 25		FLORIE
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	(Document number of corporate	tion (if known)	
humanant to the museidism	s of section 607.1006, Florida Sta	states this Florida Duc	stit Cornoration
•	ndment(s) to its Articles of Incor		ju Corporation
idopis the following affic	rement(s) to its ratioles of fileor	poranon.	
NEW CORPORATE N	AME (if changing):	•	
•	- II DAN	2	AD +
Imagin			nostee, I.
Must contain the word "corpo	ration," "company," or "incorporated" out to contain the word "chartered", "profe	or the abbreviation "Corp.,'	' "Inc.," or "Co.")
A professional corporation in	ust contain the word chartered, profe	ssional association, of the	abbleviation F.A.
AMENDMENTS ADOI	TED- (OTHER THAN NAME	CHANGE) Indicate	Article Number(s)
	ing amended, added or deleted: (I		
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registered	Agent of 1090	MICIO C	MODECJ.
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PRESIDENI	: Chinea T	ania E.	(DElc/E
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PRESIDENT	· Harys de	minguez_	( HOUCO!
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	(Attach additional pages if	necessary)	EA 19
f an amendment provide	s for exchange, reclassification, o	or cancellation of issue	d shares provisions
or implementing the am	endment if not contained in the ar	nendment itself: (if not	applicable, indicate N/A)
or unbiomonents are ann		(II NOT	
			<u> </u>

(continued)

**Articles of Amendment** 

The date of each amendment(s) adoption: $04/27/07$
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action as shareholder action was not required.
Signature  (By a director, president of other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver trustee, or other court appointed fiduciary by that fiduciary)  (Typed or printed name of person signing)  (Typed or printed name of person signing)
(Title of person signing)

FILING FEE: \$35