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MIAMI, FLORIDA (305) 552-5973
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LOCAL REPRESENTATIVE TALLAHASSEE

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OFFICE USE ONLY

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

1. J & E DIAGNOSTIC CENTER, INC.
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

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 Will wait
 Photocopy
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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 DIVISION OF CORPORATION

AM
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Examiner's Initials

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF:

J & E DIAGNOSTIC CENTER, INC.

AMENDMENT(S) ADOPTED:

ARTICLE VI - BOARD OF DIRECTORS

- DELETE OLD PRESIDENT-DIRECTOR

MARICEL COLINA DE ALEMAN
8535 SW 152 AVE. # 204
MIAMI, FLORIDA 33193

- ADD NEW PRESIDENT-DIRECTOR

NIURKA SOLER
7203 SW 8 STREET
MIAMI, FLORIDA 33144

Signed this 15th day of DECEMBER, 1997.

By

Niurka Soler

(Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(A director or incorporator if adopted by the directors or incorporators)

NIURKA SOLER

(Typed or printed name)

PRESIDENT

(Title)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS MY POSITION AS REGISTERED AGENT.

SIGNATURE

Niurka Soler

DATE

12/15/97