

P97000034423

Requester's Name

Exclusive Medical Center  
1901 SW 1st Street, 2nd Floor  
Miami, Fl. 33135

700004639347--9  
-10/17/01--01034--004  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

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

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☒ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 29 PM 4:14

FILED

Examiner's Initials

ae 10/31



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

October 23, 2001

EXCLUSIVE MEDICAL CENTER  
1901 SW 1ST ST., 2ND FL  
MIAMI, FL 33135

SUBJECT: EXCLUSIVE MEDICAL CENTER, INC.  
Ref. Number: P97000034423

We have received your document for EXCLUSIVE MEDICAL CENTER, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

The amendment must be signed by an incorporator if adopted by the incorporators or by a director if adopted by the directors.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Anna Chesnut  
Corporate Specialist

Letter Number: 601A00058203

RECEIVED  
01 OCT 29 PM 8:49  
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

Exclusive Medical Center, Inc.

(PRESENT NAME)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

**FIRST:** Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

Article #      Directors

**FILED**  
01 OCT 29 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Article # IV New Registered Agent + Address

Jose M. Roig  
1901 SW 1st Street, Second Floor  
Miami, Fl. 33135

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows.

I hereby am familiar with and accept the duties and responsibilities of registered agent for said corporation. 10/26/01.  
JOSE M. Roig

1901 SW 1st Street  
Second Floor  
Miami, Fl. 33135

**THIRD:** The date of each amendment's adoption: 10-10-2001

**FOURTH:** Adoption of Amendment(s) (check one)

☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups.

The following statement must be separately for each voting group entitled to vote separately on each 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 and shareholder action was not required.

Signed this 10 day of October, 20 01.

Signature \_\_\_\_\_

(By the Chairman or Vice Chairman of the directors,  
President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Jose M. Roig

Typed or printed name

President/Director.

Title