9/17/97

FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

10:58 AM

#### (((H97000015389 4)))

DIVISION OF CORPORATIONS TO:

FAX #: (850) 922-4000

FROM: FAS-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ PHONE: (305)599-0839

FAX #: (305)716-0346

NAME: THE CORAL GABLES MEDICAL INSTITUTE CORP AUDIT NUMBER..... H97000015389

DOC TYPE..... BASIC AMENDMENT

CERT. DF STATUS...

PABES.... 2

FAX

CERT. COPIES.....0

DEL. METHOD. . \$35.00 EST. CHARGE. .

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX

AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

\*\* ENTER 'M' FOR MENU. \*\*

RECEIVED PR 2: 11
91 SEP 18 PR 2: 11
11 SIGN OF COURTON MICH'S

therfront alings

9/17/97

# FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

10:58 AM

#### (((H97000015389 4)))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4000

FROM: FAS-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ

----

PHONE: (305)599-0839

FAX #: (305)716-0346

NAME: THE CORAL GABLES MEDICAL INSTITUTE CORP

AUDIT NUMBER..... H97000015389

DOC TYPE.....BASIC AMENDMENT

CERT. OF STATUS..Ø

PAGES..... 2

CERT. COPIES.....0 DEL.METHOD.. FAX

EST. CHARGE. . \$35.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX

AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

\*\* ENTER 'M' FOR MENU. \*\*

RECEIVED 97 SEP 17 PH 2: 05 31, 318H OF CORPORATIONS 9/17/97

#### FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

10:58 AM

### (((H97000015389 4)))

DIVISION OF CORPORATIONS TO:

FAX #: (850)922-4000

FROM: FAS-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ PHONE: (305)599-0839

FAX #: (305)716-0346

NAME: THE CORAL GABLES MEDICAL INSTITUTE CORP.

AUDIT NUMBER..... H97000015389

DOC TYPE..... BASIC AMENDMENT

CERT. OF STATUS. 0

PAGES.....

CERT. COPIES.....0

FAX DEL.METHOD.. \$35.00 EST. CHARGE..

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

\*\* ENTER 'M' FOR MENU. \*\*



# FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 18, 1997

THE CORAL GABLES MEDICAL INSTITUTE CORP 116 PONCE DE LEON BLVD CORAL GABLES, FL 33135

SUBJECT: THE CORAL GABLES MEDICAL INSTITUTE CORP

REF: P97000056873

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

THE CORPORATE NAME DOES NOT HAVE ANY PERIODS OR COMMAS IN THE NAME.

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) 487-6906.

Darlene Connell Corporate Specialist FAX Aud. #: H97000015389 Letter Number: 097A00046400



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 18, 1997

THE CORAL GABLES MEDICAL INSTITUTE CORP 116 PONCE DE LEON BLVD CORAL GABLES, FL 33135

SUBJECT: THE CORAL GABLES MEDICAL INSTITUTE CORP

REF: P9700056873

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheat.

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 487-6906.

Darlene Connell Corporate Specialist FAX Aud. #: H97000015389 Letter Number: 397A00046301 H97000015389

## ARTICLES OF AMENDMENT ARTICLES OF INCORPORATION OF



### THE CORAL GABLES MEDICAL INSTITUTE CORP

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

FIRST:

ARTICLE IV: Should be amended as follows:

The name(s) and street address (es) of the director (s) to these Articles

Of incorporation is (sre):

Horado Pedro Durito:

Director/President 118 Ponce de Leon Blvd Coral Gabies, Fl 33135

Asron Michael Friedeberg.

Director/Vice-President 118 Ponce de Leon Bivd

Coral Gables, FI 33135

Adrian Fernandez.

Director/Vice-President 116 Ponce de Leon Blvr! Coral Gables, Fl 33135

Sara M. Botero.

Director/Tregsurer 116 Ponce de Leon Blvd Coral Gabies, FI 33135

Pedro Vicente Derito

Secretary

118 Ponce de Leon Bivd Coral Gables, FI 33135

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

THIRD: The date of each emendment's adoption: September 15, 1997.

Prepared by: Sara M. Botero

116 Ponce de Leon Blvd. Coral Gables, FL 33135. (305) 441-2606

FOURTH:	Adoption of Amendment (9)
	The amendment (s) was/were approved by the charaholders . The number of votes cast for the emendment (s) was/were sufficient for approval.
	The amendment (a) was/were approved by the shareholders trough 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
	The amendment (a) washwere adopted by the board of directors without shareholder action and shareholder action was not required.
<u> </u>	The amendment (e) wes/were adopted by the incorporators without shareholder action and shareholder action was not required.
	Signature: And Market Signature: And Market Signature: And Market Signature Signature of the Board of 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)

SARA M. BOTERO INCORPORATOR