11/19/97

FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

2:50 PM

(((H97000019303 1)))

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: PATIENT'S PREFERRED MEDICAL CARE, INC.

DOC TYPE.....BASIC AMENDMENT

CERT. OF STATUS..Ø

PAGES.....

DEL. METHOD..

CERT. COPIES......

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. \*\*

11/19/97

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

(((H970000019303 1)))

DIVISION OF CORPORATIONS TQ:

FAX #1 (850)922-4000

FROM: FAS-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ

FAX #: (305)716-0346

PHONE: (305)599-0839

NAME: PATIENT'S PREFERRED MEDICAL CARE, INC.

AUDIT NUMBER..... H97000019303

DOC TYPE....BASIC AMENDMENT

CERT. OF STATUS..0

PAGES.....

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. \*\*



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

November 20, 1997

PATIENT'S PREFERRED MEDICAL CARE, INC. 11880 SW 40 STREET STE 305 MIAMI, FL 33175

SUBJECT: PATIENT'S PREFERRED MEDICAL CARE, INC.

REF: P97000093809

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.

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. #: H97000019303 Letter Number: 797A00055603

## ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

PATIENT'S PREFERRED	MEDICAL CA	RE, INC.		
	<u> </u>		·····	
	(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 VIII: LET THIS AMENDMENT SERVE AS A OFFICAL DELETION OF

ORTELIO D. FUENTES, WHO SERVED AS PRESIDENT FOR THE

ABOVE-MENTICED CORPORATION, and who has resigned.

FURTHERMORE, LET THIS AMENDENT ADD JAVIER RAMON

FUENTES AS PRESIDENT OF THE ABOVE-MENTIONED CORPORATION.

97 NOV 20 PM 2: 01
SECRETARY OF STATE
TALL MAKSSEF FLORIDA

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:

PREPARED BY:JAVIER RAMON FUENTES
11880 SW 40 ST.
MIAMI,FL.33175
(305)553-0707

THURD:	The date of each amendment's adoption: NOVEMBER 19th, 1997
FOURTH	Adoption of Amendment(s) (CHECK ONE)
ø	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 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(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
Q	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
	igned this day 19th of NOVEMBER , 19 97
Signature	
	(By the Chairman of Vice Chairman 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)
	· · · · · · · · · · · · · · · · · · ·
	JAVIER RAMON FUENTES
	Typed or printed name
	PRESIDENT
	Title