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Charter Number Only

VALIDATION ONLY

FILED
00 MAY 16 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cesar Montre-Perez

Requestor's Name

1800 W. 49 Street # 220.

Address

Hialeah, FL 33012.

City

State

ZIP

Phone

(205) 822-5980

200003254122--7

-05/16/00-01010-020

*****35.00 *****35.00

CORPORATION(S) NAME

Orion Clinical Laboratories, Inc.

Amend

() Profit

() NonProfit

() Foreign

() Limited Partnership

() Reinstatement

() Certified Copy

() Call When Ready

~~() Walk In~~

~~() Amendment~~

() Dissolution

() Annual Report

() Reservation

() Photo Copies

() Call If Problem

() Will Wait

() Merger

() Mark

() Other

() Change of Registered Agent

() Certificate Under Seal

() After 4:30

() Mail Out

RECEIVED
00 MAY 16 AM 9:28
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Empire Toll Free: 1-800-432-3028

Name	5/16/00
Availability	
Document	
Examiner	Hor
Updater	Hor
Verifier	
Acknowledgment	
W.P. Verifier	

Prepared by
Cesar Mestre-Perez, Esq.
1800 W. 49th St., Ste. 220
Hialeah, FL 33012-2946
305-822-5980

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF AMENDMENT OF ARTICLES OF INCORPORATION OF
ORION CLINICAL LABORATORIES, INC.

I, the undersigned, President and Secretary of Orion Clinical Laboratories, Inc., a corporation organized under the laws of the State of Florida and located in the City of Hialeah Gardens, Florida, hereby certify:

1. The name of the corporation is ORION CLINICAL LABORATORIES, INC.
2. The Article of Incorporation is amended by the following resolution adopted by the shareholders on April 27th, 2000.
Resolved, that the following Articles of Incorporation shall be amended as follows:

ARTICLE VII

The number of Directors of the Board of Directors of the Corporation shall not be less than one person. The names and post office addresses of the First Board of Directors, who subject to the provisions of the Certificate of Incorporation, the By-laws and the Acts of Legislature, shall hold office for the Corporation, are:

ANA MARIA BOTIFOLL
8495 SW 48th Street
MIAMI, FL 33155
(305) 698-5332

PRESIDENT, VICE-PRES., SECRETARY

The Board of Directors will be able to utilize all powers granted them by law in order to direct the Corporation as they see fit.

ARTICLE VIII

The names and post office addresses of each shareholder and registered agent to the Certificate of Incorporation are as follows:

SHAREHOLDERS
ANA MARIA BOTIFOLL

% OF SHARES
100%

3. The above resolution was adopted by the Board of Directors and by the shareholders unanimously.

The undersigned ANA MARIA BOTIFOLL, is familiar with and accepts the duties and responsibilities as registered agent for said corporation as appointed by the foregoing Certificate of Amendments.

Subscribed at Hialeah, Dade County, Florida, this 27th day of April of the year 2000.



ANA MARIA BOTIFOLL, President,
Vice-Pres., & Registered Agent.

STATE OF FLORIDA)

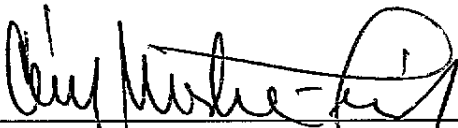
SS)

COUNTY OF MIAMI DADE)

Before me, the undersigned authority, duly authorized to administer oaths and receive acknowledgments, personally appeared, ANA MARIA BOTIFOLL, who, after being duly sworn by me, depose and say that she signed the above and foregoing Amended Articles of Incorporation for the purposes therein set forth.

WITNESS my hand and official seal, at Hialeah, Dade County, Florida, this 27th day of April of the year 2000..

Dated: 4/27/2000



NOTARY PUBLIC - STATE OF FLORIDA

My Commission Expires:



Cesar Mestre-Perez
★ My Commission CC896486
Expires December 19, 2003

**CERTIFICATE OF ACKNOWLEDGMENT
OF REGISTERED AGENT
FOR SERVICE AND PROCESS WITHIN THE
STATE OF FLORIDA**

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

*That: **ORION CLINICAL LABORATORIES, INC.**
is qualified to do business under the laws of the State of Florida, with its*

REGISTERED OFFICE at:

**11300 NW 87th CT, SUITE 164
Miami, Florida 33016
(305) 698-5332**

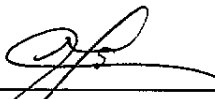
*and has appointed: **ANA MARIA BOTIFOLL***

As its agent to accept services of process within the State.

ACKNOWLEDGMENT

Having been named as Registered Agent to accept service of process for the above stated Corporation at the place designated in the Certificate. I hereby accept to act in this capacity and agree to comply with the provisions of said Act relative to keeping said office.

4/27/00



ANA MARIA BOTIFOLL, Registered Agent

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