

P99000008641

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE, INC

(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 112

(Address)

CORAL GABLES, FL 33134 (305)444-4994

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

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

1. Best Medical Care Center, Inc  
(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              |                   |
|--------------------------|-------------------|
| <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/<br>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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-02/24/00--01032--013  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

FILED  
00 MAR -3 PM12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
00 FEB 24 AM 11:13  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE

Examiner's Initials

400789, 12565, 00721, 0052  
00615, 00672



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

February 24, 2000

Express Corporate Filing Service, Inc.  
1000 Ponce De Leon Blvd.  
Ste 112  
Coral Gables, FL 33134

SUBJECT: BEST MEDICAL CARE CENTER, INC.  
Ref. Number: P99000008641

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

Please entitle your document Articles of Amendment.

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please check one of the boxes in the fourth paragraph.

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.

If you have any questions concerning the filing of your document, please call (850) 487-6907.

Annette Ramsey  
Corporate Specialist

Letter Number: 700A00010137

RECEIVED  
00 MAR -3 AM 11:24  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
BEST MEDICAL CARE CENTER, INC.

FILED  
00 MAR -3 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.0821, of the Florida Business Corporation Act, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment adopted: (indicated articles number(s) being amended, added or deleted)

ARTICLE IX: Remove: Cheffy Fernandez as President/Treas./Sec,

Add: Aileen Diez as President, Secretary, Treasurer and Director.  
P.O. Box 4568  
Hialeah, Florida 33014-0568

ARTICLE X Remove: Physical address: 150 NW 32 AVE., Miami, Florida 33125

Add: Physical address:  
P.O. Box 4568  
Hialeah, Florida 33014-0568

ARTICLE VII Remove: registered agent Cheffy Fernandez, 150 NW 87 Pl., Miami, Florida 33125

Add: registered agent Aileen Diez  
15315 N.W. 60th STREET  
SUITE: E  
MIAMI LAKES, FL 33014

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:

THIRD: The date of the amendment's adoption: February 8, 2000.

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

☒ The amendment(s) was/were approved by 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 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.

☐ The amendment(s) was/were adopted by incorporators without shareholders action and shareholders action was not required.

Signed this 8th day of February, 2000.

Signature: Cheffy Fernandez  
(By the Chairman or Vice Chairman of 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)

CHEFFY FERNANDEZ  
Typed or printed name

PRESIDENT  
Title

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1 The name of the corporation is: BEST MEDICAL CARE CENTER, INC.

2 The name and address of the registered agent and office is:

AILEEN DIEZ  
(NAME)

15315 N.W. 60th AVE. STE: E  
(P.O. Box or Mail Drop Box ~~NOT~~ ACCEPTABLE)

MIAMI LAKES, FL 33014  
(CITY/STATE/ZIP)

*Having been named as registered agent and to accept service of process for the above 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 of my position as registered agent.*

Aileen Diez  
(SIGNATURE)

2/29/00  
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

001MMR-3 PM12:06  
FILE  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE