

Division of Corporations

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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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Fax Number : (850) 922-4000

From:

Account Name : GASSMAN & CONETTA, P.A.
Account Number : 075350000514
Phone : (813) 442-1200
Fax Number : (813) 443-5829

BASIC AMENDMENT

CLINICAS BOLIVARIANAS DE AMERICA, INC.

Certificate of Status	0
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**ARTICLES OF AMENDMENT OF
CLINICAS BOLIVARIANAS DE AMERICA, INC.**

THE UNDERSIGNED, ALAN S. GASSMAN, being the Vice President and Assistant Secretary, of CLINICAS BOLIVARIANAS DE AMERICA, INC., does hereby certify that the following Amendment to the Articles of Incorporation of CLINICAS BOLIVARIANAS DE AMERICA, INC. was approved by the Stockholders of said Corporation on the 25th day of August, 1999, at a duly called meeting of the Stockholders and Directors of the Corporation.

The Articles of Incorporation of CLINICAS BOLIVARIANAS DE AMERICA, INC. are hereby amended as follows:

1. Article I is hereby deleted and the following is inserted in lieu thereof:

ARTICLE I

1. The name of the Corporation shall be CLINICAS DE AMERICA, INC.
2. All amendments included herein were adopted August 25, 1999 pursuant to Section 607.1004, F.S., and there is no discrepancy between the Corporation's Articles of Incorporation as theretofore amended other than the inclusion of these amendments and the omission of matters of historical interest.
3. This Amendment has been approved by unanimous consent of all of the Shareholders of the Corporation who are entitled to vote the 25th day of August, 1999.
4. This Amendment shall be effective upon its filing with the Secretary of State, State of Florida.

Alan S. Gassman, Esquire
1245 Court Street, Suite 102
Clearwater, FL 33756
(813) 442-1200
Florida Bar #: 371750

ARTICLES OF AMENDMENT OF CLINICAS BOLIVARIANAS DE AMERICA, INC.
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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IN WITNESS WHEREOF, the undersigned do hereunto set their hands this 25th day of August, 1999.

CLINICAS DE AMERICA, INC.

By: [Signature]
ALAN S. GASSMAN

Its: Vice President

ATTEST:

[Signature]
ALAN S. GASSMAN

Its: Assistant Secretary

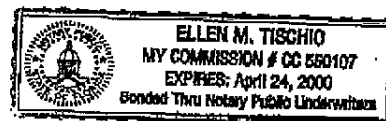
STATE OF FLORIDA)
COUNTY OF PINELLAS)

ON THIS 25th day of August, 1999, before me Ellen M. Tischio (name of notary) the undersigned notary, personally appeared ALAN S. GASSMAN, known to me, or who produced _____ as identification, and who did take an oath, to be the person whose name is subscribed to the above instrument, and being informed of the contents of said instrument, acknowledged that he voluntarily executed the same for the uses and purposes herein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

[Signature]
Notary Public

My Commission Expires:



Alan S. Gassman, Esquire
1245 Court Street, Suite 102
Clearwater, FL 33756
(813) 442-1200
Florida Bar #: 371750

ARTICLES OF AMENDMENT OF CLINICAS BOLIVARIANAS DE AMERICA, INC.
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