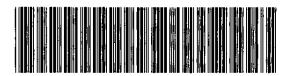
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	The Centre for Internal Medicine, PA
DOCUMENT NUMBER:	V 21838
The enclosed Articles of Amenda	ent and fee are submitted for filing.
Please return all correspondence c	oncerning this matter to the following:
	Marc Greenstein
-,,	Name of Contact Person
	The Centre for Internal Medicine
	Firm/Company 11011 Sheridan ST Suite 302
The second section of the sect	Address Cooper City, FL 33026
**************************************	City/ State and Zip Code
	drgreenstein@browarddocs.com
E-mail	address: (to be used for future annual report notification)
For further information concerning	-
Name of Contact P	Marc Greenstein 437-1500 Area Code & Daytime Telephone Number
Name of Condet 1	Area Code & Daytine Telephone Manuer
Enclosed is a check for the following	ng amount made payable to the Florida Department of State:
=	Certified Copy (Additional copy is enclosed) Section of Status Certified Copy (Additional Copy is enclosed) Cert
Mailing Address Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	Amendment Section Orations Division of Corporations Clifton Building

Articles of Amendment to

Articles of Incorporation

of

FILED

The Centra	for Internal Me	edicine T	A C	, , ,	-20
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	s currently filed with the F	<u>lorida Dept. of S</u>	itate)	22.10 (1917. 1.2)	1 11112:
V 21838				5. 5. 5.	
(Docume)	nt Number of Corporation (in	f Imaum)		TALL AHASSE	F. Flandi
(Docume)	ac reamocr of Corporation (ii	i known)		19	
arsuant to the provisions of section 607 Articles of Incorporation:	.1006, Florida Statutes, this i	Florida Profit Co	orporation ac	lopts the following a	mendment(s)
If amending name, enter the new na	ame of the corporation:				
				Th	ie new
nne must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," or "(Co". A professi	or "incorpo onal corpora	orated" or the abbration name must con	eviation tain the
Enter new principal office address,					
rincipal office address <u>MUST BE A S</u>	TREET ADDRESS)				
		***************************************	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if appli					
(Mailing address MAY BE A POST	OFFICE BOX)				
If amending the registered agent an	d/or registered office addr	<u>ess in Florida, c</u> i	nter the nam	e of the	
new registered agent and/or the nev	<u>r registered office address:</u>				
Name of New Registered Agent	(change of addr	ess only)			
Manual of Man Megistered Figeria	11011 Sheridan		302		
	(Florida stre	et address)		22006	
Many Duranteened Office Address	Cooper City		51 (1)	33026	
New Registered Office Address:	(City)		, Florida_	(Zip Code)	
	(City)			(Zip Coue)	
w Registered Agent's Signature, if cl	nanging Registered Agent:				
ereby accept the appointment as regist	ered agent. I am familiar w	ith and accept th	e obligations	of the position.	
Siz	gnature of New Registered A	oent if changing			
51.5	, 0] 1,00, 1,08,010,010,11	same of countries			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John Doe		
X Remove	<u>V</u> <u>Mike Jones</u>		ollowing are changes of
X Add	SV Sally Smith	address onl	y ***********
Type of Action (Check One)	<u>Title</u> <u>Name</u>		<u>Addres</u> s
1) X Change	President	Marc Greenstein	11011 Sheridan ST
Add			Suite 302 Cooper City, FL 33026
Remove			
2) Change	Vice President	Pablo A. Quintela	
Add		***	Suite 302
Remove			Cooper City, FL 33026
3) <u>x</u> Change	Secretary	Esther Alonso	11011 Sheridan ST
Add	_	_	Suite 302
Remove			Cooper City, FL 33026
4) X Change	Treasurer	Rodolfo F. Barroso	11011 Sheridan ST
Add		_	Suite 302
Remove		-	Cooper City, FL 33026
5) Change			
Add		-	·
Remove		-	
6)Change			
Add		_	MICHAEL MICHAEL TO THE
Remove			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)
N/A	
WATER TO THE TOTAL THE TOT	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
irovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
4 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	
· ·	

The date of each amendme	ent(s) adoption: 3-8-13
Effective date <u>if applicable</u>	March 1, 2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s	(CHECK ONE)
	were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	were approved by the shareholders through voting groups. The following statement ided for each voting group entitled to vote separately on the amendment(s):
"The number of vo	tes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voiing group)
action was not required.	were adopted by the board of directors without shareholder action and shareholder were adopted by the incorporators without shareholder action and shareholder
Dited	March 8, 2013
Signature	
	(By a director, president or other officer - if threctors or officers have not been
	selected, by an incorporator - if in the hands of a receiver, trustee, or other court
	appointed fiduciary by that fiduciary)
	Marc Greenstein
	(Typed or printed name of person signing)
	President
	(Title of person signing)