

PO9000032775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

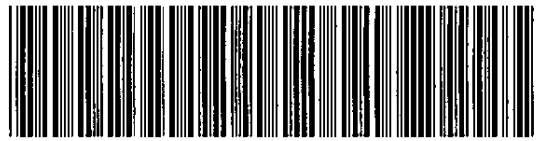
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Amel
KLOV
8/28/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: C1 MEDICAL CENTER PLUS, INC.

DOCUMENT NUMBER: P09000032775

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LIZBET, GOMEZ

Name of Contact Person

Firm/ Company

45 PONCE DE LEON BLVD.

Address

MIAMI, FLORIDA 33135

City/ State and Zip Code

ginajenny@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LIZBET, GOMEZ

Name of Contact Person

at (305)

409-5400

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

C1 MEDICAL CENTER PLUS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000032775

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

45 PONCE DE LEON BLVD.

MIAMI, FLORIDA 33135

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

45 PONCE DE LEON BLVD.

MIAMI, FLORIDA 33135

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

45 PONCE DE LEON BLVD.

New Registered Office Address:

(Florida street address)

MIAMI

(City)

, Florida 33135

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PS	DENIO, ODOARDO	45 PONCE DE LEON BLVD. MIAMI, FLORIDA 33135	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PS	LUIS J. MAS	45 PONCE DE LEON BLVD. MIAMI, FLORIDA 33135	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	SEE ATTACHED SHEET		<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. 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:

(if not applicable, indicate N/A)

C1 MEDICAL CENTER PLUS, INC.

PLEASE AMEND THE NAMES OF OFFICERS AND DIRECTORS AS FOLLOWS:

PRESIDENT and SECRETARY: LUIS J. MAS

Thank you very much.

The date of each amendment(s) adoption: AUGUST 21, 2009

Effective date if applicable: AUGUST 21, 2009 (date of adoption is required)
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

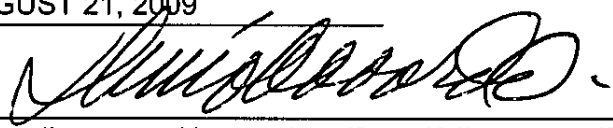
The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

“The number of votes cast for the amendment(s) was/were sufficient for approval
by _____.”
(voting group)

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 the incorporators without shareholder action and shareholder action was not required.

Dated AUGUST 21, 2009

Signature 
(By a director, president or other officer – if directors 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)

DENIO ODOARDO
(Typed or printed name of person signing)

President/Secretary
(Title of person signing)