

P1700007288

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H190002504113)))



H190002504113A0CX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000E19  
Phone : (305)552-5973  
Fax Number : (305)675-5944

FILED  
2019 AUG 21 AM 9:38  
SECRETARY OF STATE

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

S TALLENT

AUG 22 2019

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
PINE ISLAND MEDICAL INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED  
2019 AUG 21 PM 1:08

*Amend*

Articles of Amendment  
to  
Articles of Incorporation  
of

PINE Island MEDICAL INC.

Florida Document Number: P1700000 7288

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

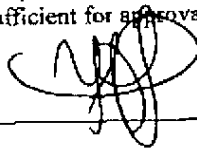
REMOVE:  
Judith Calderon

ADD: President & REGISTERED AGENT  
Yamil Barbara Jacomino  
1860 N Pine Island RD suite 103  
Plantation FL, 33322

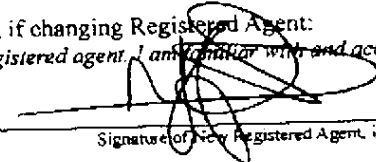
FILED  
2019 AUG 21 AM 9:38  
SECRETARY OF STATE  
FLORIDA

These articles of amendment were adopted on 8/21/19

The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.

  
\_\_\_\_\_  
Signature  
Yamil B. Jacomino; President  
Printed Name and Title

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