

PI 700 00 654 80

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.

((H19000072806 3))



H190000728063ABC0

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 : 120000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

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

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
BROWN MEDICAL CENTER CORP

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

S TALLEM  
MAR 05 2019

RECEIVED  
2019 MAR -4 PH 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FL

*Am*

Articles of Amendment  
to  
Articles of Incorporation  
of

BROWN MEDICAL CENTER COY

Florida Document Number: P17000068480

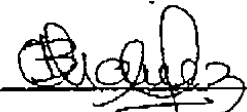
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

DELETE ROLANDO TORRES

19 MAR - 6 PM 5:29

These articles of amendment were adopted on 3-4-19

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

X  Signature  
BEATRIZ CHAVEZ Printed Name and Title  
(President)

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