# P9600025879

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### COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF COR	PORATION: Alberto Vil	lla, M.D., P.A.	
DOCUMENT N	JMBER: P9600002587	79	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning this	s matter to the following:	
	Ana M. Villa		
	(Name o	of Contact Person)	
	Alberto Villa, M.D., P.A.	m/ Company)	<del> </del>
3	3472 Forest Hill Blvd., Su	•	
		(Address)	
	West Palm Beach, Florid		
×	, -	ate/ and Zip Code)	
For further inform	ation concerning this matter,	please call:	
Wayne Whelch	e of Contact Person)	at ( <u>954</u> ) <u>956-</u> (Area Code & Daytime	1790 X 216 Telephone Number)
Enclosed is a chec	k for the following amount:		
□ \$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 A		Street Address Amendment Section	
Amendment Section Division of Corporations		Division of Corporations	
P.O. Box 6327		409 E. Gaines Street	

Tallahassee, FL 32399

## Articles of Amendment Articles of Incorporation of

#### Alberto Villa, M.D., P.A.

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



#### P96000025879

(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:

NEW CORPORATE NAME (if changing):
Alvija Medical Center, Inc.
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Article IV - Officers, Section 1(a) The Officers of the Corporation is being
amended and will consist of the following titles and persons holding those positions
positions
as determined by the incorporator, Alberto Villa, M.D., effective April 01, 2005.
President, Secretary, and Treasurer is Ana M. Villa.
Vice-President is Alberto Villa, M.D.
(Attach additional pages if necessary)
If an amendment provides for 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
N/A

(continued)

The date of each amendment	e(s) adoption: APRIL 01, 2005	
Effective date if applicable: APRIL 01, 2005  (no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)	
	was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	
•	was/were approved by the shareholders through voting groups. The tmust be separately provided for each voting group entitled to vote mendment(s):	
"The number of	votes cast for the amendment(s) was/were sufficient for approval by	
<del></del>	(voting group)	
	was/were adopted by the board of directors without shareholder actior ion was not required.	
The amendment(s) shareholder action	was/were adopted by the incorporators without shareholder action and was not required.	
Signed this day of	APRIL 2005	
Signature	Mithuid fella -	
	director, president or other officer - if directors or officers have not been ted, by an incorporator - if in the hands of a receiver, trustee, or other court	
	nted fiduciary by that fiduciary)	
As	IA M. VILLA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

FILING FEE: \$35