

P96000076495

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Asf
9/20/05

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ALYKAT MEDICAL CENTER INC

DOCUMENT NUMBER: P96000076495

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

Please return all correspondence concerning this matter to the following:

ALBERTO GARCIA

(Name of Contact Person)

ALIKAT MEDICAL CENTER INC

(Firm / Company)

5040 NW 7 ST SUITE 632

(Address)

MIAMI, FL 33126

(City / State / and Zip Code)

For further information concerning this matter, please call:

ALBERTO GARCIA

305 389-0417

at ()

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certificate 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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 30, 2005

Alberto Garcia
Alikat Medical Center Inc.
5040 NW 7 Street, Suite 632
Miami, FL 33126

SUBJECT: ALYKAT MEDICAL CENTER INC.
Ref. Number: P96000076495

We have received your document for ALYKAT MEDICAL CENTER INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

You may delete the reference to the incorporator in Article V and just show the officer change.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Document Specialist

Letter Number: 905A00054636

RECEIVED
05 SEP -9 AM 8:00
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 13, 2005

Alberto Garcia
Alikat Medical Center Inc.
5040 NW 7 Street
Miami, FL 33126

SUBJECT: ALYKAT MEDICAL CENTER INC.
Ref. Number: P96000076495

We have received your document for ALYKAT MEDICAL CENTER INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Are you trying to change the name of your corporation? If so you will need to put the present name in the heading (under Articles of Amendment) and put the new name in the space provided on the first page (under "new corporate name if changing").

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Document Specialist

Letter Number: 105A00056475

Articles of Amendment
To
Articles of Incorporation
Of

FILED
05 SEP 20 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~ALBERTO GARCIA CENTER INC~~

ALY KAT MEDICAL CENTER, INC.

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

✓ P96000076495

(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):

(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)**

OK ✓ TO BE DELETED: JORGE VIVANCO (TREASURY)

NOTE: NAME IF CORPORATION REMAINS THE SAME:

ALY KAT MEDICAL CENTER, INC

5040 NW 7 ST, STE 638

MIAMI, FL 33126

OWNER: ALBERTO GARCIA, President

(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)

(continued)

09/07/05

The date of each amendment(s) adoption: _____

09/07/05

Effective date if applicable: _____

Adoption of Amendment(s)

(CHECK ONE)

- ☐ The amendment(s) was/were approved 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 statements 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.

Signed this 09 day of SEPTEMBER, 2005.

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)

ALBERTO GARCIA

Alberto Garcia
(Typed or printed name of person signing)

PRESIDENT

Alberto Garcia
(Title of person signing)

FILING FEE : \$35