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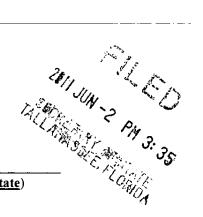
# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION:	AP & JL MEDICAL CENTER, INC.
DOCUMENT NO	UMBER:	P06000116364
The enclosed Arti	cles of Amendment and	fee are submitted for filing.
Please return all c	orrespondence concerni	ng this matter to the following:
		ANA PIMENTEL
		Name of Contact Person
	AP 6	JL MEDICAL CENTER, INC.
	Firm/ Company	
	8181 NW 36 ST SUITE 11	
	Address	
		DORAL, FL 33166
		City/ State and Zip Code
	E-mail address: (to	DSGARCIA@GMAIL.COM be used for future annual report notification)
For further inform	ation concerning this m	atter, please call:
	NA PIMENTEL	at ( 786 <sub>)</sub> 315-8059
Name	e of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amo	unt made payable to the Florida Department of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  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



# AP & JL MEDICAL CENTER, INC.

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

### P06000116364

(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:

obbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro	designation "Corp," "Inc,	"company," or "incorporated" of "or "Co". A professional corpor he abbreviation "P.A."
B. Enter new principal office address, if app Principal office address MUST BE A STREE		
	, <u> </u>	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		
(Mailing address <u>MAY BE A POST OFFI</u>	<u>CE BOX</u> )	
	cegistered office address in	Florida, enter the name of the
(Mailing address <u>MAY BE A POST OFFI</u> )  D. <u>If amending the registered agent and/or registered agent a</u>	cegistered office address in	Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE  D. If amending the registered agent and/or registered agent and/or the new registered Agent:	registered office address in stered office address:	
(Mailing address MAY BE A POST OFFICE  D. If amending the registered agent and/or new registered agent and/or the new registered.)	cegistered office address in	

# 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>	Type of Action
P	ROLANDO SIERRA	2280 NW 4 ST MIAMI, FL 33125	□ Add □ Remove
٠		WIAWII, FL 33123	M Kelliove
VP	ANA PIMENTEL	8181 NW 36 ST_SUITE 11 MIAMI, FL 33166	□ Add ☑ Remove
Р	ANA PIMENTEL	0404 NIAL 26 CT CLUTE 44	
<u>·                                      </u>	A WALLANDER	8181 NW 36 ST_SUITE 11 MIAMI, FL 33166	
	ding or adding additional Articles, additional sheets, if necessary). (Be		<del></del>
F. <u>Ifana</u> r	nendment provides for an exchange	e, reclassification, or cancellation of i	issued shares,
<u>provisi</u>		nt if not contained in the amendmen	
		-	

The date of each amendment(s) ad	lantion: 5/44//
	(date of adoption is required)
Effective date if applicable:	
(no i	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were sur	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
The amendment(s) was/were approvided for a	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
by	
(votii	ng group)
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated 5/24 Signature	Famol/
selected,	ector, president province of the first of directors or officers have not been by an incorporated if in the hands of a receiver, trustee, or other court induciary by that fiduciary)
	ANA PIMENTEL
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)