P94000010228

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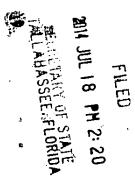
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8/1/4 8/1/4

COVER LETTER

NAME OF CORPORATION: 8th Street Medical Center, Inc.

DOCUMENT NUMBER: P9400016228

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

Please return all correspondence concerning this matter to the following:

Alexander Borell

Name of Contact Person

Alexander Borell, Attorney At Law

Firm/ Company

320 South Dixie Highway

Address

West Palm Beach, FL 33401

City/ State and Zip Code

alex@borelllaw.com

E-mail address: (to be used for future annual report notification)

enclosed)

For further information concerning this matter, please call:

TO: Amendment Section

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

(Additional Copy is enclosed)

Articles of Amendment Articles of Incorporation

FILED

2014 JUL 18 PM 2: 20

8th Street Medical Center, Inc.

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

O16228

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

AHASSEE FLORIDA

P94000016228

(Document Number of Corporation (if known)

A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must cont	
B. Enter new principal office address, if applicable:	825 SW 87th Avenue Suite B	
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
	Miami, FL 33174	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	825 SW 87th Avenue	
	Suite B	
	Miami, FL 33174	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		
Name of New Registered Agent Dr. Roberto		
	Avenue, Suite B	
	treet address)	
New Registered Office Address: Miami, FL	Florida 33401 (Zip Code)	
(Cit)	(Zip Code)	

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Denio Odoardo	825 SW 87th Avenue
✓ Add			Suite B
Remove			Miami, FL33174
2) Change	VP	Roberto Cruz, Jr.	825 SW 87th Avenue
✓ Add			Suite B
Remove			Miami, FL 33174
3) Change	P	Dr. Roberto E. Cruz	825 SW 87th Avenue
Add			Suite B
Remove			Miami, FL 33174
4) Change	_		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			V
Remove			

		in (Be specific)	if amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)				
							
							
-							
							
			-				
							
	_ _						
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-			7,000				
		, ,	ification or cancells	<u>tion of issued sha</u>	res.		
<u>provisions for</u>	ent provides for an implementing the licable, indicate NA	amendment if not	contained in the an	endment itself:	-		
<u>provisions for</u>	<u>implementing the </u>	amendment if not	contained in the an	endment itself:	<u> </u>		
<u>provisions for</u>	<u>implementing the </u>	amendment if not	contained in the an	endment itself:	-		
<u>provisions for</u>	<u>implementing the </u>	amendment if not	contained in the an	endment itself:	-		
<u>provisions for</u>	<u>implementing the </u>	amendment if not	contained in the an	endment itself:	-		
<u>provisions for</u>	<u>implementing the </u>	amendment if not	contained in the an	endment itself:	-		
<u>provisions for</u>	<u>implementing the </u>	amendment if not	contained in the an	endment itself:	-		
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<u>provisions for</u>	<u>implementing the </u>	amendment if not	contained in the an	endment itself:	-		
<u>provisions for</u>	<u>implementing the </u>	amendment if not	contained in the an	endment itself:	-		

The date of each amendment(s) adoption: 07/09/2014	, if other than th
date this document was signed.	
Effective date if applicable: 07/09/2014	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted 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 statement 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)	
(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.	
07/09/2014 🔿	
SignatureSignature	
(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)	_
Dr. Roberto €. Cruz	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	_