

P070000002421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

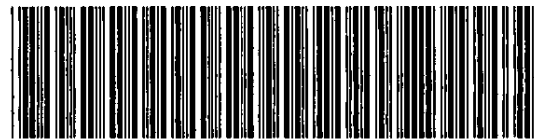
(Business Entity Name)

(Document Number)

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2017 APR -3 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend / cus

APR 03 2017
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Farmers Medical Center, Inc.

DOCUMENT NUMBER: P07000002421

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

Please return all correspondence concerning this matter to the following:

Rafael Fabian, Esq.

Name of Contact Person

Rafael Fabian, P.A.

Firm/ Company

10631 N Kendall Drive, Suite 145

Address

Miami, FL 33176

City/ State and Zip Code

rafael@fabianpa.com

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

For further information concerning this matter, please call:

Rafael Fabian, Esq.

at (305) 856-6700

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$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 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2017

RAFAEL FABIAN, ESQ.
RAFAEL FABIAN, P.A.
10631 N. KENDALL DRIVE - STE. 145
MIAMI, FL 33176

SUBJECT: FARMERS MEDICAL CENTER, INC.
Ref. Number: P07000002421

We have received your document for FARMERS MEDICAL CENTER, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only 1(one) box regarding the adoption of the amendment.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 217A00005370

RECEIVED
17 APR -3 PM 12:02
DIVISION OF STATE
REGISTRATION
FLORIDA
DEPT. OF STATE
DIVISION OF
REGISTRATION
TALLAHASSEE

Articles of Amendment
to
Articles of Incorporation
of

FILED
2017 APR -3 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Farmers Medical Center, Inc.

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

P07000002421

(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:

A. If amending name, enter the new name of the corporation:

n/a

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

285 West 49th Street

Hialeah, FL 33012

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

285 West 49th Street

Hialeah, FL 33012

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Osnay Rivero

285 West 49th Street

(Florida street address)

New Registered Office Address: Hialeah, Florida 33012

(City)

(Zip Code)

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

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>PVSD</u>	<u>Yusimi Rivero</u>	<u>1140 W 50th Street</u>
<input type="checkbox"/> Add			<u>Unit 208</u>
<input checked="" type="checkbox"/> Remove			<u>Hialeah, FL 33012</u>
2) <input type="checkbox"/> Change	<u>PVSD</u>	<u>Osnay Rivero</u>	<u>285 West 49th Street</u>
<input checked="" type="checkbox"/> Add			<u>Hialeah, FL 33012</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an 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

The date of each amendment(s) adoption: January 1, 2016, if other than the date this document was signed.

Effective date if applicable: January 1, 2016
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

☐ 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.

Dated December 15, 2016

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)

Yusimi Rivero

(Typed or printed name of person signing)

Resigning President

(Title of person signing)