## G111933

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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE

Amund 11/24/10

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	AME OF CORPORATION: East Gables Medical Center, Corp.		
DOCUMENT NU	JMBER:	G16933	
The enclosed Artic	cles of Amendment an	nd fee are submitted for filing.	
Please return all co	orrespondence concerr	ning this matter to the following:	
		Maggie Marquez	
		Name of Contact Person	
	Eas	st Gables Medical Center, Corp.	
		Firm/ Company	
	110 N.W. 27 Avenue - Second Floor		
		Address	
,			
		Miami, FL 33125  City/ State and Zip Code	
		City/ State and Zip Code	
	E-mail address: (t	ctrforpt@bellsouth.net o be used for future annual report notification)	
For further inform	ation concerning this r	matter, please call:	
	sabel Gonzalez	at ( 305 ) 644-9091	
Name	e of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a chec	k for the following am	nount made payable to the Florida Department of State:	
☑ \$35 Filing Fee	\$43.75 Filing Fee of Certificate of Statu	<del>-</del>	
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

y filed with the Florid	
	la Dept. of State)
6933	la l
of Corporation (if kno	own)
lorida Statutes, this F	Clorida Profit Corporation adopts the fo
corporation:	
	The ne
ble: DDRESS)	the abbreviation "P.A."
BOX)	
stered office address i ed office address:	in Florida, enter the name of the
(Florida street d	address)
(Florida street d	address), Florida (Zip Code)
	dorida Statutes, this F  corporation:  word "corporation," ignation "Corp," "Indicated association," or  ble:  DDRESS)  BOX

## 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
<u>VP</u>	Maggie Marquez	110 N.W. 27 Avenue Second Floor Miami, FL 33125	☐ Add☐ Remove
			□ n
(anuch ut	dditional sheets, if necessary). (Be s	·	
		**************************************	
provisio	nendment provides for an exchange, ons for implementing the amendmen of applicable, indicate N/A)	reclassification, or cancellation t if not contained in the amendn	of issued shares, nent itself:

The date of each amendmen	t(s) adoption: November 1, 2010
Effective date <u>if applicable</u> :	November 1, 2010  (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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/wa action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Signature <u>\</u> (B sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
арі	somed inductary by that inductary)
	Isabel Gonzalez
	(Typed or printed name of person signing)
	President
	(Title of person signing)