K86020

(Re	questor's Name)		
(Address)			
(Ad	dress)		
(Cit	ry/State/Zip/Phone	: #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



300250669343

08/22/13--01010--008 **35.00

13 AUG 22 PH I2: 53
SECRETARY OF STATE

C. LEINIS AUG 2 6 2013 EXAINIR JEIR

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PROFESSIONAL MEDICAL GROUP, INC DOCUMENT NUMBER: K86020					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
ANGEL D. CORDOVA					
	Name of Contact Person	· · · · · · · · · · · · · · · · · · ·			
ANGEL D. COR					
	Firm/ Company				
780 N.W. 42 AVENUE SUITE 325					
	Address				
MIAMI, FL 3312	26				
	City/ State and Zip Code				
4 D @ 4 C O D D O V 4 C	2014				
AR@ACORDOVA.0					
E-mail address: (to be	used for future annual report	notification)			
For further information concerning this matter, ple	ase can.				
ANGEL D. CORDOVA	_{at (} 305	, 444-5511			
Name of Contact Person	Area Co	at (305) 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 & 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	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

PROFESSIONAL MEDICAL GROUP, INC

13 AUG 22 PM 12: 53

(Name of Corporation as currently filed with the Florida Dept. of State) K86020 (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 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: Florida (City) 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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	BERTA IRIBARREN	10686 CORAL WAY MIAMI, FL 33165	
X Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
δ) Change		_		
Add				
Remove				

 If amending or adding additional Article (Attach additional sheets, if necessary). 	icles, enter change(s) here: (Be specific)
V/A	(be specific)
W/A	
. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
······································	

The date of each amendment(s) adoption:	if other than th
date this document was signed.	
Effective date if applicable:	13 AUG 22 PM 12: 53
(no more the	an 90 days after amendment file date) RY OF STATE TALLAHASSEE. FLORIDA
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitle.	
"The number of votes cast for the amendment(s) was	/were sufficient for approval
by(voling group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(voting group)	
■ The amendment(s) was/were adopted by the board of direct action was not required.	etors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
_{Dated} 8/20/2013	
(By a director, president or other	officer – if directors or officers have not been in the hands of a receiver, trustee, or other court iary)
JOSE IRIBA	ARREN
(Typed	or printed name of person signing)
PRESIDEN	T
	(Title of person signing)