184930

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C. GOLDEN DEC 12 2019

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: Coral	Park Medis	al Canter, P.A.				
DOCUMENT NUMBER: <u>L84930</u>							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
		Name of Contact Person					
	1,13	Firm/ Company					
	1247 S.	W. 87 Ave Address	Sut 400				
Miami, FL 33173 City/ State and Zip Code							
Norbert Summer & bell South, net E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Daniela (1. 3anchez Esq at (305) 595-466 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		Street Address					

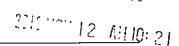
Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of



Coral Park Medical Center, P.A. (Name of Corporation as currently filed with the Florida Dept. of State)

L84930

(Document Number of Corporation (if known)

nt(s) to

Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation: A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	2991 Sw. 128 Are Miami, FL 33175
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2991 S.W. 128 Ave. Miami, FL 33175
D. If amending the registered agent and/or registered office addressistered agent and/or the new registered office address:	ss in Florida, enter the name of the
·	8 Ave. Hiami, FL 33175
New Registered Office Address: 2901 S.W. 15	28 Ave Florida 33175 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the second s	ith 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: X Change	<u>PT</u>	John D	<u>oe</u>			
X Remove	<u>V</u>	Mike J	Mike Jones			
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address		
1) Change	\mathcal{L}		Dr. Haritza Diaz	900 S.W. 97 Ave.		
Add				Miami, FL 33174		
Remove			,			
2) X Change	$\overline{\mathcal{L}}$	<u>, </u>	Norberto Jurado	2991 S.W. 128 Arc.		
Add				Miami, FL 33175		
Remove				-		
3) Change						
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change						
Add						
Remove						

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
	
1.18	
	
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	·
f an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:date this document was signed.	November	1, 2019	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days af	ler amendment file date)	
Note: If the date inserted in this block does in document's effective date on the Department of		utory filing requirements, this	date will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)		
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		of votes cast for the amendmen	nt(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting			ement
"The number of votes cast for the ame	endment(s) was/were sufficion	ent for approval	
by	oting group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(vo	ting group)		
The amendment(s) was/were adopted by the action was not required.			
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without share	holder action and shareholder	
Dated 11 D 20)19		
Signature	lacing		
selected, by an inc	sident or other officer – if di orporator – if in the hands o y by that fiduciary)	rectors or officers have not beef a receiver, trustee, or other co	en ourt
	Norhorter	Jurada	
	Morberto (Typed or printed name of p	ocrson signing)	
	JUP		
	(Title of person	signing)	