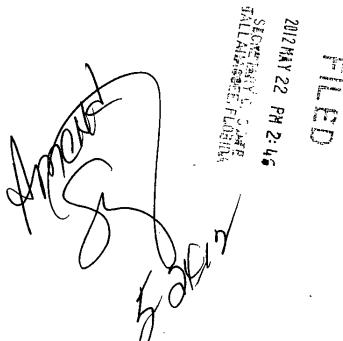


(Requestor's Name)	_	
,	•	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)	_/	
Certified Copies Certificates of Status	_	
Special Instructions to Filing Officer:		
		N





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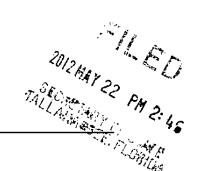


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DOCTOR' DOCUMENT NUMBER: L90553	S MEDICAL CENTER, INC.
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
ANTHONY ROB	LEDO, CPA
	Name of Contact Person
SRS & COMPAN	NY, LLC
	Firm/ Company
8180 N.W. 36TH	IST. STE 100
	Address
DORAL, FL 3316	36
	City/ State and Zip Code
mcastaneda@dmco	fmiami.com
	used for future annual report notification)
	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, plea	se call:
ANTHONY ROBLEDO	at (305) 477-6969x168
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 & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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

Articles of Amendment to Articles of Incorporation of



DOCTOR'S MEDICAL CENTER, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) L90553 (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 Off address of each Offi (Attach additional sh	cer and/or l	Director being added:	e and name of each offi	cer/director being removed	and title, name, and
P = President; V = V	ice Presiden FO = Chief	Financial Officer. If an o	office title: retary; D= Director; TR	= Trustee; C = Chairman or ore than one title, list the first	Clerk; CEO = Chief letter of each office
a change, Mike Jones	leaves the c	ollowing manner. Current corporation, Sally Smith is lly Smith, SV as an Add.	tly John Doe is listed as a s named the V and S. The	the PST and Mike Jones is list ese should be noted as John E	ted as the V. There is Ooe, PT as a Change,
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	
I) Change Add Remove					
2)Change Add Remove					
3) Change Add Remove					
4) Change Add Remove				***************************************	
5) Change Add Remove					
6) Change			***************************************		

_Remove

	nending or adding additional Articles, enter ch additional sheets, if necessary). (Be spe	
N/A		
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	·	
	amendment provides for an exchange, rec visions for implementing the amendment if	lassification, or cancellation of issued shares,
	(if not applicable, indicate N/A)	
-	CTORS Shall now read as	
`'	VENTURA DE PAZ	96 SHARES
(VP)	LUIS PORTAL	0 SHARES
<u>(T)</u>	FRANKLIN LLANES, MD	2 SHARES
(S)	PATRICK GRAY, MD	1 SHARES
(VS)	MAGALY CASTANEDA	0 SHARES
	- · · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) a	doption: APRIL 4TH,	, 2012
Effective date if applicable:	PRIL 4TH, 2012	
	(no more than 9	00 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were st		e number of votes cast for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders three each voting group entitled to	ough voting groups. The following statement vote separately on the amendment(s):
	for the amendment(s) was/wer	re sufficient for approval
by	(voting group)	33
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors	without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators with	nout shareholder action and shareholder
Dated <i>05</i>	-17-2012	<u> </u>
Signature	Y	'n
(By a d selecte	irector, president or other off d, by an ineofporator – if in the ted fiduciary by that fiduciary)	cer – if directors or officers have not been e hands of a receiver, trustee, or other court
	VENTURA DE PA	٩Z
	(Typed or printed r	name of person signing)
	PRESIDENT	
	(T'tlo of	