## N05000012469

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SECRETARY OF STATE

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: BROWN	SVILLE MEDICAL CENTER, INC	<b>)</b> .	
DOCUMENT NUMBER: NO50001	2469		
The enclosed Articles of Amendment and fee are s	submitted for filing.		
Please return all correspondence concerning this m			
Dr. Lourdes Saura			
Dr. Louides Saura	(Name of Contact Person)		
BROWNSVILLE MEDI			
	(Firm/ Company)	_	
2525 N.W. 54TH STRE	EET		
	(Address)		
MIAMI, FL 33142			
	(City/ State and Zip Code)		
lourdesgrp@be	Ilsouth.net used for future annual report notification)		
For further information concerning this matter, ple	•		
_			
Dr. Lourdes Saura	<sub>at (</sub> 305 <sub>)</sub> 633-9090		
(Name of Contact Person)	(Area Code & Daytime Telephone Numbe	:r)	
Enclosed is a check for the following amount made	le payable to the Florida Department of State:		
\$35 Filing Fee	e & \$\Bigcup \\$43.75 \text{ Filing Fee & Certified Copy (Additional copy is enclosed)} \Bigcup \\$\Bigcup \\$\$ \$2.50 \text{ Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)}		
Mailing Address	Street Address		
Amendment Section Division of Corporations	Amendment Section Division of Corporations	Amendment Section Division of Cornerations	
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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13 AUG OF CORP. OF STATE
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<b>BROWNSVILLE MEDICAL CENTE</b>	ER, INC.	~ 79 3: <sub>1</sub>
(Name of Corporation as currently filed with the I	Florida Dept, of State)	- ′
N05000012469		
(Document Number of	Corporation (if known)	-
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporation adopts the	following
A. If amending name, enter the new name of the corpor	ration:	
N/A		The new
name must be distinguishable and contain the word "corpo	oration" or "incorporated" or the abbreviation "Corp."	
"Company" or "Co." may not be used in the name.	<b>N</b> 1/A	
B. Enter new principal office address, if applicable:	N/A	_
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>is</u> )	
		-
		_
C. Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		-
		_
D. M. C.		_
D. If amending the registered agent and/or registered of new registered agent and/or the new registered offic		
NI/A		
Name of New Registered Agent: N/A		
	40	
New Registered Office Address:	(Florida street address)	
	Florido	
(Ci	ity) , Florida, (Zip Code	<del></del>
Non-Decisional Association (School Section 2)	,	,
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		
	, g , j pontina	
Signature of N	lew Registered Agent if changing	

Page 1 of 4

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: XChange X Remove X Add	PT John De V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
I) Change	D	AMY TECOSKY	2525 NW 54 STREET
Add			MIAMI, FL 33142
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
(attach additional sheets, if necessary).	(Be specific)			
N/A				
<del></del>				

The date of each amendment(s) adoption: 07/19/2013			, if other than the
	date this document was signed.  Effective date <u>if applicable</u> : 07/19/2013		
		(no more than 90 days after amendment file date)	
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes east for the amendment(s) oproval.	
	Dated O7/ Signature (By the have to other	19/2013  Social man or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)  S Saura  (Typed or printed name of person signing)	····
		(Title of person signing)	