N09000004868

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000127666 3)))

H09000127666ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
09 MAY 22 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

COR AMND/RESTATE/CORRECT OR O/D RESIGN

CENTRO MEDICO FAMILIAR BUEN PASTOR INC

RECEIVED
2009 MAY 22 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$35.00

Electronic Filing Menu Corporate Filing Menu Help

T Roberts MAY 22 2009 5/22/2009 12:15 PM

H09000127666

Articles of Amendment
to
Articles of Incorporation
of

CENTRO MEDICO FAMILIAR BUEN PASTOR INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N09000048608

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

FILED
09 MAY 22 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." **"Company" or "Co." may not be used in the name.***

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(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: CIELO VARGAS

New Registered Office Address: 8288 NW 195 Ter
(Florida street address)

HIALEAH, Florida 33015
(City) *(Zip Code)*

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.

x _____
Signature of New Registered Agent, if changing

H09000127666

H09000127666

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)

Title	Name	Address	Type of Action
PRESIDENT	GABRIEL G. FLOREZ	8288 NW 195 Ter HIALEAH, FL 33015	☐ Add ☑ Remove
PRESIDENT	CIELO VARGAS	8288 NW 195 Ter HIALEAH, FL 33015	☐ Add ☐ Remove ☑ change
DIRECTOR	FABIO FLOREZ	8288 NW 195 Ter HIALEAH, FL 33015	☑ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

H09000127666

H09000127666

The date of each amendment(s) adoption: 05-22-09

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☑ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 05-22-09

Signature _____
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

GABRIEL G. FLORES
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

H09000127666