## P00000044943

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SECRETARY OF STATE OF ALLAHASSEE, FROM 16

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## **CORPORATE FILING SERVICE**

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|---------------------------------|-----------------------------------|------------------------|
| RPORATION NAME(S) & DOCUM       | ENT NUMBER(S) (ii                 | _ <del>-</del>         |
| LP MEDICAL                      | L CENT                            | ER, INC                |
| (Corporation Name)              | (Document #)                      | / /                    |
|                                 |                                   |                        |
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| EW FILINGS                      | <b>AMENDMENTS</b>                 |                        |
| Profit                          | Amendment                         |                        |
| Not for Profit                  |                                   | R.A., Officer/Director |
| Limited Liability Domestication | Change of Regist Dissolution/With |                        |
| Other                           | Merger                            | narawai                |
| THER FILINGS                    | REGISTRATION/0                    | OUALIFICATION          |
| Annual Report                   |                                   |                        |
| Fictitious Name                 | Foreign Limited Partners          | ship                   |
| ·                               | Reinstatement                     | -                      |
|                                 | ☐ Trademark☐ Other                |                        |
| ,                               | ٠.                                | -                      |
| )31(7/97)                       | •                                 | Examiner's Initials    |

Articles of Amendment to Articles of Incorporation of

FILED

L P Medical Center, Inc. P00000044943 (Document Number of Corporation)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 SEP -6 PM 2: 22

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

|    |  | The new name must proporation," "company," or "incorporated" or the abbreviation and name must contain the wirk "chartered," "professional asso |  |  |
|----|--|---|--|--|
|    | Enter new principal office address, if ap<br>(Principal office address <u>MUST BE A STR</u>  |   |  |  |
|    | Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE   |   |  |  |
| D. | If amending the registered agent and/or registered office address in Florida, enter the name of the registered agent and/or the new registered office address: |   |  |  |
|    | Name of Name Deviate and Assess  | Pedro Lopez   |  |  |
|    | Name of New Registered Agent:  |   |  |  |
|    | New Registered Office Address:   | 4058 West 12 <sup>th</sup> Ave (Florida street address)  Hialeah 33012 ,Florida (City) (Zip Code)   |  |  |

|   | e Officers, and/or Directors, e                                      | enter the title and name of officer/direct           | ctor being removed and title, name |  |  |  |
|---|--|--|------------------------------------|--|--|--|
| Title   | Name   | Address  | Type of Action                     |  |  |  |
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|   |  |  |                                    |  |  |  |
| E. If amen  | ding or adding additional Art  | icles. enter change(s) here:                         |                                    |  |  |  |
|   | additional sheets, if necessary                                      |  |                                    |  |  |  |
| Pedro Lopez will                                  | I remain as President and Reg  | istered Agent of L P Medical Center Inc.             |                                    |  |  |  |
|   |  |  |                                    |  |  |  |
|   |  |  |                                    |  |  |  |
|   |  | - <u> </u>   |                                    |  |  |  |
| F. <u>If an am</u>                                | endment provides for an exc  | hange, reclassification, or cancellation             | of issued shares, provisions for   |  |  |  |
|   | implementing the amendment if not contained in the amendment itself: |  |                                    |  |  |  |
| (if not a   | oplicable, indicate N/A)   |  |                                    |  |  |  |
|   |  |  |                                    |  |  |  |
|   |  |  |                                    |  |  |  |
|   |  |  |                                    |  |  |  |
|   |  |  |                                    |  |  |  |
| The date of each                                  | n amendment(s) adoption:   | September 1, 2011                                    | _                                  |  |  |  |
|   |  | (date of adoption is required)                       |                                    |  |  |  |
| Effective date <u>if</u>                          | applicable:  | September 1, 2011 (no more than 90 days after amendm | <br>ent file date)                 |  |  |  |
|   |  |  |                                    |  |  |  |

## (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the following amendment(s) by the share holders was/were sufficient for approval.

|                                  | s) was/were approved by the shareholders through voting groups. The following statement must b<br>I for each voting group entitled to vote separately on the amendment(s):  |
|----------------------------------|---|
| "The numb                        | er of votes cast for the amendment(s) was/were sufficient for approval  |
| by(vo                            | ting group)   |
| The amendment(swas not required. | s) was/were adopted by the board of directors without shareholder action and shareholder action   |
| 🛮 The amendment(s                | ) was/were adopted by the incorporators without shareholder action and shareholder action was   |
| Date: <u>Sep</u>                 | tember 1, 2011  |
| Signature:                       | (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary.) |
| •                                | Pedro Lopez (Type or printed name of person signing)  |
|                                  | President   |

(Title of person signing)