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

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COR AMND/RESTATE/CORRECT OR O/D RESIGN
RAFAEL GARCIA, M.D., M.O., P.A.

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September 9, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RAFAEL GARCIA, M.D., M.O., P.A.
705 E 8TH AVE STE 101
HIALEAH, FL 33010-4613US

SUBJECT: RAFAEL GARCIA, M.D., M.O., P.A.
REF: P0000065844

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PLEASE ADD THE TITLE PRESIDENT ON THE LAST PAGE OF THE DOCUMENT WHERE MR. RAFAEL GARCIA SIGNED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connel
Regulatory Specialist II

FAX Aud. #: H10000199670
Letter Number: 110A00021494

RECEIVED
2010 SEP -9 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RAFAEL GARCIA, M.D., M.O., P.A.

DOCUMENT NUMBER: P00 0000 66244

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAFAEL GARCIA MD

Name of Contact Person

Firm/ Company

705 EAST B AVENUE

Address

suite 101 HIRLEAH, FL 33010 - 4613

City/ State and Zip Code

INFO@PROSUS.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAEL GARCIA MD

Name of Contact Person

at (305) 603 - 9751

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

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

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Articles of Amendment
to
Articles of Incorporation
of

H10000199670 3

RAFAEL GARCIA, M.D., M.O., P.A.

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

P00000066244

(Document Number of Corporation (if known))

FILED
10 SEP -9 PM 3:53

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:

The new 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."

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

705 East 8 Avenue Suite 101
HiALEAH, FL 33010 - 4613

**C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)**

705 EAST 8 Avenue Suite 101
HiALEAH, FL 33010 - 4613

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: _____

New Registered Office Address: _____
(Florida street address)

_____, Florida
(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.

Signature of New Registered Agent, if changing

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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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

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The date of each amendment(s) adoption: 08/01/2010 H-10001996703
(date of adoption is required)

Effective date if applicable: 08/01/2010
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

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

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 08/01/2010

X Signature [Handwritten 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)

RAFAEL GARCIA MD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)