# 085/166

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORI	PORATION:	SINAI MEDICAL CENTE	R, INC.
DOCUMENT NU	JMBER:	P0000008516	6
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
	В	RADFORD ESTRA	
Nai		Name of Contact Person	
		Firm/ Company	<u>.                                    </u>
7603 ESTRELLA CIRCLE			
Address			
		CA RATON, FL 33433	
	-	City/ State and Zip Code  Strait  City/ State and Zip Code  Strait  City/ State and Zip Code  City/ State and Zip Code	oroad, com
For further information	ation concerning this matter,	, please call:	
	Fabio Santana	at ( 561 ) Area Code & Daytime 7	400-9332
Name	of Contact Person	Area Code & Daytime T	Celephone Number
Enclosed is a chec	k for the following amount r	made payable to the Florida Dep	artment 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 A	<u>ddress</u>	Street Address	
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		Clifton Building	
Tallahassee FI 32314		2661 Executive Center Cir	rele

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

# Articles of Incorporation of SINAI MEDICAL CENTER, INC. (Name of Corporation as currently filed with the Florida Dept. of State)



### P00000085166

(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:

	VIDE PROPERTIES, INC.	The new
abbreviation "Corp.," "Inc.," or Co.," or ti	n the word "corporation," "company," or he designation "Corp," "Inc," or "Co". A p professional association," or the abbreviation	professional corporation
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u>		
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF		
D. If amending the registered agent and/or new registered agent and/or the new re	r registered office address in Florida, enter gistered office address:	the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		Florida
	(City) (Zip C	ode)

Page 1 of 3

## 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>	Name	Address	Type of Action
<u>D</u>	FABIO SANTANA	4813 GATEWAY GARDENS DR BOYNTON BEACH, FL 33436	☑ Add □ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
provisions	dment provides for an exchange, recifor implementing the amendment if applicable, indicate N/A)	lassification, or cancellation of iss not contained in the amendment i	ued shares, tself:

The date of each amendmen	$t(s)$ adoption: $\frac{7}{2}$	//8/2011
Effective date <u>if applicable</u> :	7/8/2011	(date of adoption is required)
	(no more than	90 days after amendment file date)
Adoption of Amendment(s)	( <u>C</u>	HECK ONE)
The amendment(s) was/we by the shareholders was/w		the shareholders. The number of votes cast for the amendment(s) or approval.
The amendment(s) was/we must be separately provide	ere approved by ted for each votin	the shareholders through voting groups. The following statemen g group entitled to vote separately on the amendment(s):
"The number of votes	cast for the ame	ndment(s) was/were sufficient for approval
by		;;
	(voting group)	·"
action was not required.		the board of directors without shareholder action and shareholder are incorporators without shareholder action and shareholder
action was not required.		
Dated	7/8/2 Form	011
Signature		
sel	ected, by an inco	ident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		Brad Estra
	(T)	yped or printed name of person signing)
		Director / President of person signing)
	(Title	of person signing)