

P02000059524

P02000059524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2011 FEB 24 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TBrown 2/24/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HABANA MEDICAL CENTER, INC

DOCUMENT NUMBER: P02000059524

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

Please return all correspondence concerning this matter to the following:

GRETELL PADRON

Name of Contact Person

Habana Medical Center

Firm/ Company

5352 N. HABANA AVE. SUITE #1

Address

TAMPA FL 33614

City/ State and Zip Code

HABANAMEDICALCENTER @YAHOO.COM

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

For further information concerning this matter, please call:

GRETELL PADRON

Name of Contact Person

at (813)

40327252

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2010

GRETTEL PADRON
HABANA MEDICAL CENTER, INC.
5352 N. HABANA AVE
TAMPA, FL 33614

SUBJECT: HABANA MEDICAL CENTER, INC
Ref. Number: P02000059524

We have received your document for HABANA MEDICAL CENTER, INC and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 010A00029375

Articles of Amendment
to
Articles of Incorporation
of

HABANA MEDICAL CENTER, INC

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

P02000059524

(Document Number of Corporation (if known))

FILED
2011 FEB 24 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**)

GRETELL PADRON

5352 N. HABANA AVE. SUITE #1

TAMPA FL 33614

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:

GRETELL PADRON

New Registered Office Address:

5352 N. HABANA AVE. SUITE #1

(Florida street address)

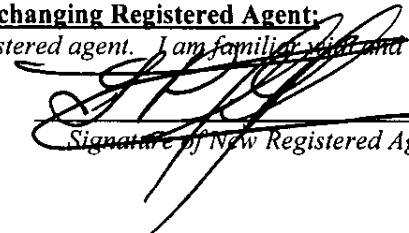
TAMPA FL 33614

(City)

Florida 33614
(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

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>
AGENT	BARBON, LEIDY	5352 N. HABANA AVE. SUITE #4 TAMPA FL 33614	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PSTD	CAAL, ALEJANDRO	5352 N. HABANA AVE. SUITE #4 TAMPA FL 33614	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PSTD Agent	GRETELL PADRON	5352 N. HABANA AVE. SUITE #4 TAMPA FL 33614	<input checked="" 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)

The date of each amendment(s) adoption: 2/14/2011

(date of adoption is required)

Effective date if applicable: 2/16/2011

(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 2/16/11

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)

CARL ALEJANDRO

(Typed or printed name of person signing)

OWNER
(Title of person signing)