P02000133360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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06/25/04--01067--001 **43.75

Amend
T. Lewis

FILED
04 JUN 25 PM 3:17

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADDRESS CHANGE

DOCUMENT NUMBER: P02000133360

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

Please return all correspondence concerning this matter to the following:

AIDA CARDENAS
(Name of Person)

GABLES MED CENTER, INC.
(Name of Firm/ Company)

2101 SW 27TH AVE
(Address)

MIAMI FL 33145
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

AIDA CARDENAS at (786) 586-1022
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

GABLES MED CENTER, INC &

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

P02000133360

(Document number of corporation (if known)

FILED
JUL 25 PM 3:17

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

NEW CORPORATE NAME (if changing):

N/A

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

AMEND ADDRESS OF CORPORATION TO:
2101 SW 27 AVE MIAMI, FL 33145
AMEND MAILING ADDRESS OF CORPORATION TO:
2101 SW 27 AVE MIAMI, FL 33145
AMEND OFFICER/DIRECTOR ADDRESS TO:
2101 SW 27 AVE MIAMI, FL 33145
AMEND REGISTERED AGENT ADDRESS TO:
2101 SW 27 AVE MIAMI, FL 33145

(Attach additional pages if necessary)

If an amendment provides for 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)

N/A

(continued)

The date of each amendment(s) adoption: 6/15/04

Effective date if applicable: N/A
(no more than 90 days after amendment file date)

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

☑ The amendment(s) was/were approved 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.

Signed this 15th day of JUNE, 2004.

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)

JAVIER FUENTES
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: $35