

P03000039270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

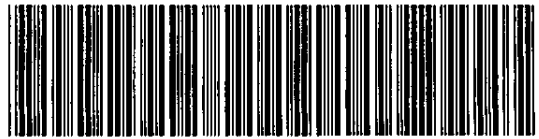
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAY -7 P 3:22

FILED

*Amend
Thewis
5-11-10*

HERNANDEZ LAW ASSOCIATES, P.L.

215 WEST 49TH STREET, HIALEAH, FL 33012

**IRMA V. HERNANDEZ
DAYREN L. SUAREZ
YAHIMA SUAREZ**

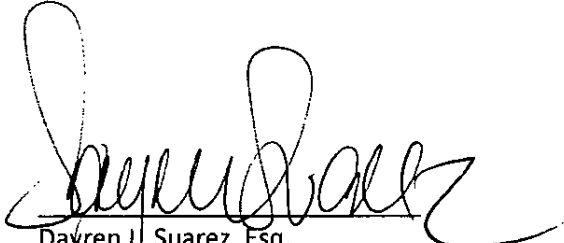
**PH. NO. 305-557-4304
FAX NO. 305-821-7846**

May 6, 2010

Re: Amendment to Social Medical Center

Ms. Lewis

Thank you for calling to alert me about the missing check. Enclosed is the payment.
The document number is P03000039270 for Social Medical Center Inc.
Please call me if you have any questions. Again thank you for your attention to this matter.



Dayren L. Suarez, Esq.
HERNADEZ LAW ASSOCIATES, P.L

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SOCIAL MEDICAL CENTER, INC

DOCUMENT NUMBER: P03000039270

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

Please return all correspondence concerning this matter to the following:

MAYRA GONZALEZ FONT

Name of Contact Person

SOCIAL MEDICAL CENTER, INC.

Firm/ Company

2140 W. FLAGLER ST. SUITE 204-205

Address

MIAMI, FL 33135

City/ State and Zip Code

LEONARDOCANARIAS@HOTMAIL.COM

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

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2810 MAY -5 AM 8:00

For further information concerning this matter, please call:

LEONARDO CARRERA BARROSO

Name of Contact Person

at (305)

781-5340

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

Articles of Amendment
to
Articles of Incorporation
of

SOCIAL MEDICAL CENTER, INC.

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

P03000039270

(Document Number of Corporation (if known))

FILED

2010 MAY -7 P 3: 22

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)

2140 W. FLAGLER ST.

SUITE 204-205

MIAMI, FL 33139

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

6195 WEST 19TH AVE

APT 103

HIALEAH, FL 33012

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:

MAYRA GONZALEZ FONT

6195 W 19 AVE, APT 103

New Registered Office Address:

(Florida street address)

HIALEAH

(City)

, Florida 33012

(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.

Mayra Gonzalez Font

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>
<u>PSTD</u>	<u>MARIA T. BULICH</u>	<u>465 OCEAN DR. APT 915</u> <u>MIAMI BEACH, FL 33139</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>PD</u>	<u>LEONARDO CARRERA BARRERO</u>	<u>6195 W. 19TH AVE</u> <u>APT 103</u> <u>HIALEAH, FL 33012</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>MAYRA GONZALEZ FONT</u>	<u>6195 W. 19TH AVE</u> <u>APT. 103</u> <u>HIALEAH, FL 33012</u>	<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)

N/A

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)

N/A

The date of each amendment(s) adoption: APRIL 30, 2010

Effective date if applicable: APRIL 30, 2010 (date of adoption is required)
(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 APRIL 30, 2010

Signature _____

(By 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)

Maria T. Bulich

(Typed or printed name of person signing)

PSTD

(Title of person signing)