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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Medchoice Medical Center of Hialeah, Inc

DOCUMENT NUMBER: P 030000 6200

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

Please return all correspondence concerning this matter to the following:

Alexander Tirado

(Name of Contact Person)

Medchoice Medical Center of Hialeah, Inc

(Firm/ Company)

8212 West Flagler Street

(Address)

Miami FL 33104

(City/ State and Zip Code)

For further information concerning this matter, please call:

Alexander Tirado

(Name of Contact Person)

at ( 305 ) 444-7799

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
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☐ \$52.50 Filing Fee  
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**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

Medchoice Medical Center of Hialeah, INC.  
(Name of corporation as currently filed with the Florida Dept. of State)

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

P 03 0000 62 00  
(Document number of corporation (if known))

(Document number of corporation (if known))

**NEW CORPORATE NAME (if changing):**

Medchoice Centers, Inc

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered," "professional association," or the abbreviation "P.A.")

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

(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)

(continued)

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