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Amend 101.11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ALVAREZ &	ASSOCIATES MED	DICAL GROUP P.A.	
DOCUMENT NUM	BER: P0300006570	00		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this mat	tter to the following:		
	Aneiter Horta			
		Name of Contact Person		
	ALVAREZ & ASS		ICAL GROUP P.A	
		Firm/ Company		
	3663 SW 8 Stree	t Suite 214		
	· · · · · · · · · · · · · · · · · · ·	Address		
	Miami, Florida 33			
	- Triding 1 Torida 00	City/ State and Zip Code	3	
		City, State and Zip Cour	•	
an	eiterhorta@yahoo	.com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
		305	allot bloom	
Aneiter Hort	а	_{ar} 786 ~	461-1455	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	riment of State:	
		,		
\$35 Filing Fee	□\$43.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee	
	Certificate of Status	Certified Copy	Certificate of Status	
		(Additional copy is enclosed)	Certified Copy (Additional Copy	
		cheroseay	is enclosed)	
1.4	Mar Adduse	6 44	A delugas	
	iling Address endment Section	Street Address Amendment Section		
	vision of Corporations	Division of Corporations		
P.O. Box 6327		Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of



ALVAREZ & ASSOCIATES MEDICAL GROUP P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)	
P0300065700	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follow	ing ame

A. If amending name, enter the new name of the cor	poration:		
N/A			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co" or the designation "Corp," word "chartered," "professional association," or the a	' "Inc," or "Co". A profe bbreviation "P.A."		
B. Enter new principal office address, if applicable:	N/A		
Principal office address MUST BE A STREET ADDR	RESS)		-
-			-
C. Fatan any mailing address if annihables			-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	N/A		-
		.,,	-
		,	_
D. If amending the registered agent and/or registere	nd office address in Florida	antar the name of the	
new registered agent and/or the new registered o		the name of the	•
Name of New Registered Agent N/A			
	(Florida street address)		
New Registered Office Address:		, Florida	_
	(City)	(Zip Code)	
-			
New Registered Agent's Signature, if changing Regis			

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	ag	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_	N/A	
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		<u>.</u>		
Add				
Remove				
5) Change			<u>.</u>	
Add				· · · · · · · · · · · · · · · · · · ·
Remove				·
6) Change				
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	
Shareholders will be listed and s	
Jose G. Alvarez, MD 100%	Vice-President
P.O. Box 144567 Coral Gables,	FL 33114
Aneiter Horta 0%	President
P.O. Box 144567 Coral Gables,	FL 33114
Luciano Horta 0%	Secretary
P.O. Box 144567 Coral Gables,	FL 33114
	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption: December 02, 2013	, if other than the
date this document was signed.	
Effective date if applicable:	_
(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 December 09, 2013 Signature LULLE	
(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)	
Aneiter Horta	
(Typed or printed name of person signing)	
President, Shareholder	
(Title of person signing)	