

P030000069325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

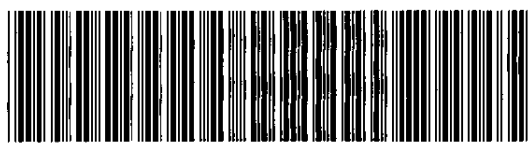
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/19/10--01032--015 **35.00

Amend NC

FILED
10 DEC 14 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts DEC 14 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2010

BEATRIZ L. VILLAFAN, MD PA
302 NW 179 AVE #201A
PEMBROKE PINES, FL 33029

SUBJECT: LILIANA VILLAFANE, MD, PA
Ref. Number: P03000069325

We have received your document for LILIANA VILLAFANE, MD, PA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 610A00028257

CORNERSTONE PSYCHIATRIC CENTER

Beatriz L. Villafane, MD PA

302 NW 179 Avenue # 201A

Pembroke Pines, Florida 33029

Telephone: (954) 443-1988 – Fax: (954) 443-1989

July 15, 2010

Florida Department of State
Division of Corporations
P O Box 6237
Tallahassee, Florida 32314

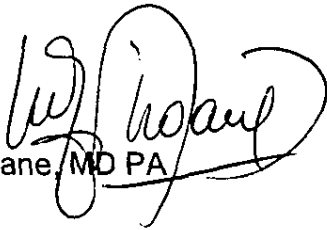
Re: Name Change on Corporation

Dear Sir/Madam:

Enclosed please find a form to have name change on my corporation, I am enclosing a check for \$35 as requested and a copy of previous application; in the form I wrote the previous address which is my home address as I believe I open the corporation, but on the application I realized it reads my previous office address. Hope this does not cause any inconvenience.

If further information needed, do not hesitate to contact me at (954) 443-1988.

Sincerely,



Beatriz L. Villafane, MD PA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Liliana Villafane, MD, PA

DOCUMENT NUMBER: 114711

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

Please return all correspondence concerning this matter to the following:

Beatriz Liliana Villafane
Name of Contact Person

DBA Cornerstone Psychiatric Center
Firm/ Company

302 NW 179th Ave - Suite 201 A
Address

Pembroke Pines, FL 33029
City/ State and Zip Code

villafane md @ bell south .net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beatriz L. Villafane at (786) 202-0246
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
10 DEC 14 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Liliana Villafane, MD, PA
(Name of Corporation as currently filed with the Florida Dept. of State)

P03000069325
(Document Number of Corporation (if known))

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:

Beatriz L. Villafane, MD, PA 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)

302 NW 179th Ave.
Suite 201 A
Pembroke Pines, FL 33029

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

302 NW 179th Ave
Suite 201 A
Pembroke Pines, FL 33029

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: _____

New Registered Office Address: _____ (Florida street address)
_____, Florida
(City) (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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input 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: 12/09/10
(date of adoption is required)

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 12/9/10

Signature [Handwritten 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)

Beatriz L. Villafane
(Typed or printed name of person signing)

Owner
(Title of person signing)