

PO3000085827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

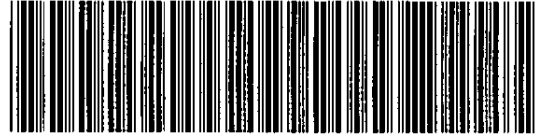
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TALLAHASSEE FLORIDA

Amen
4/30/09
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BEST CARE MEDICAL CENTER INC. +

DOCUMENT NUMBER: P 03000085827 +

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

Please return all correspondence concerning this matter to the following:

MARIO ENRIQUE AMADOR FELIPE

(Name of Contact Person)

BEST CARE MEDICAL CENTER INC.

(Firm/ Company)

2702 W WATERS AVE

(Address)

TAMPA, FL 33614

(City/ State and Zip Code)

For further information concerning this matter, please call:

MARIO ENRIQUE AMADOR FELIPE

(Name of Contact Person)

at (813) 935-7490

(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

BEST CARE MEDICAL CENTER INC.

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

P 03000085827

(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:

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**)

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

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:

AMADOR FELIPE, MARIO ENRIQUE

2702 W WATERS AVE

New Registered Office Address:

(Florida street address)

TAMPA,


(City)

Florida 33614

(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

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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>
PD	ANGULO, ARMANDO B	2702 W WATERS AVE TAMPA, FLORIDA 33614	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PD	AMADOR FELIPE, MARIO E	2702 W WATERS AVE TAMPA, FLORIDA 33614	<input checked="" 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: 04/19/2009

Effective date if applicable: 04/19/2009
(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 04/19/2009

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)

ARMANDO B ANGULO
(Typed or printed name of person signing)

PD
(Title of person signing)

April , 19, 2009

Florida Department of State

Division of corporations

Re: Acceptance of Designation Letter

I, Mario Enrique Amador Felipe, hereby accept the appointment as registered agent for the corporation named: *Best Care Medical Center Inc.* pertaining to document number P 03000085827. I am familiar with, and accept the obligations of the position as of April 19, 2009.



Mario Enrique Amador Felipe