P03000127959

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SECRETARY OF STATE

Amend

OCT 2 4 2012

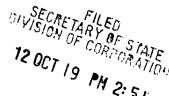
T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Center for F	Pediatric Care, Ir	nc.
OCUMENT NUMBE	D0200012705		
The enclosed Articles of	Amendment and fee are sul	bmitted for filing.	•
Please return all correspo	ondence concerning this mat	ter to the following:	
	/aria Fernandez		
		Name of Contact Person	ı
N	/laria Fernandez	-Valle, P.A.	•
-		Firm/ Company	
2	301 NW 87 Ave	nue, Suite 501	
_		Address	
Ε	oral, Florida 33	172	
_		City/ State and Zip Code	•
mfvs	taff@mfvlawoffic	ce.net	
	B-mail address: (to be us	ed for future annual report	notification)
For further information of	concerning this matter, pleas	se cali:	
Maria Fernanc	lez-Valle	at (305	597-9977
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	uriment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	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		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations a Building Executive Center Circle

Articles of Amendment to Articles of Incorporation of



Center for Pediatric Care	e, Inc.	J	" A 2:51
(Name of Corporation as	s currently filed with the Florida Dept.	of State)	
P03000127959			
(Docume	nt Number of Corporation (if known)		,
Pursuant to the provisions of section 607. ts Articles of Incorporation:	.1006, Florida Statutes, this <i>Florida Proj</i>	Tit Corporation adopts the following	; amendment(s)
. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	itain the word "corporation," "companiation "Corp," "Inc," or "Co". A pro nation," or the abbreviation "P.A."	ny," or "incorporated" or the ab fessional corporation name must c	breviation ontain the
s. Enter new principal office address, Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
If amending the registered agent an new registered agent and/or the ne	nd/or registered office address in Flori w registered office address:	da, enter the name of the	
Name of New Registered Agent	Ventura De Paz		
Name of New Registered Agent	1240 NW 119 Street		
	(Florida street address)		
New Registered Office Address:	Miami	. Florida 33167	
<u>New Registerea Office Adaress</u> .	(City)	(Zip Code)	
Jan Danistanad Amark's Simpanya if a	shouring Registered Agents		
New Registered Agent's Signature, if of the hereby accept the appointment as regis	tered agent. I am familiar with and acc	ept the obligations of the position.	
Si	ignature of New Registered Agent, if cha	nging	

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.

X Change	PT Joh	n Doe	
X Remove	Y Mil	ke Jones	
_X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	DPVS	Emilio H. Lopez	10040 SW 40 St.
Add			Miami, Fl 33165
X Remove		·	
2) Change	T	Emilio H. Lopez	10040 SW 40 St.
Add		•	Miami, Fl 33165
X Remove			· .
3)Change	DPVS	Ventura De Paz	10040 SW 40 St.
X_Add			Miami, Fl 33165
Remove			·
4) Change	T	Ventura De Paz	10040 SW 40 Street
X Add			Miami, Fl 33165
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		•	
Remove		·	

	reets, if necessary).). (Be specific)		•	
					
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an amendment pr	rovides for an exclementing the amodele, indicate N/A)	hange, reclassifice endment if not co	ation, or cancellati ntained in the ame	on of issued shares adment itself:	ŧ
(if not applicab					
(if not applicab					
(if not applicab			·		
(if not applicab					
(if not applicab					
(if not applicab					

The date of each amendment(s) ac	option: 10-16-2012
Effective date if applicable:	10-16 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were sur	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
**	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were ado action was not required.	sted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopaction was not required,	sted by the incorporators without shareholder action and shareholder
Dated	10-16-20h
Signature	Electronic
selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	Emilio H. Lopez
· .	(Typed or printed name of person signing)
_	OPV5.
- -	(Title of person signing)