Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : SHUTTS & BOWEN LLP HEALTH LAW GROUP II

Account Number : I20050000022 Phone : (305)347-7352

Fax Number : (305)347-7854

COR AMND/RESTATE/CORRECT OR O/D RESIGN

HOPE FOR LIFE MEDICAL CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

Amend

	Articles of Amendment		
	to Articles of Incorporation		
	of	≥ 6	8
	HOPE FOR LIFE MEDICAL CENTER, INC.	LAH	E33
	(Name of corporation as currently filed with the Florida Dopt. of State)	SSEY	28
	P03000135164	e O	3
	(Document number of corporation (if known)	STAT LORII	AM 10: 0
	to the provisions of section 607.1006, Florida Statutes, this Florida Profit Control of section 607.1006, Florida Statutes, this Florida Profit Control of Statutes, the Statutes of Statutes, the Statutes of Statutes, the Statutes of Statutes of Statutes, the Statutes of Statutes, the Statutes of Statutes of Statutes of Statutes, the Statutes of Stat	rpiratio	n T
NEW CO	RPORATE NAME (if changing):		
(A profession AMEND)	in the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc., and corporation must contain the word "chartered", "professional association," or the abbreviation must contain the word "chartered", "professional association," or the abbreviation must contain the word "chartered", "professional association," or the abbreviation must contain the word "chartered", "professional association," or the abbreviation must contain the word "chartered", "professional association," or the abbreviation "Corp.," "Inc., and corporated" or the abbreviation "Corp.," "Inc., and corporated" or the abbreviation "Corp.," "Inc., and corporated association," or the abbreviation must contain the word "chartered", "professional association," or the abbreviation will be abbreviated to the corporation must contain the word "chartered", "professional association," or the abbreviation will be abbreviated to the corporation must contain the word "chartered", "professional association," or the abbreviation will be abbreviated to the corporation must contain the word "chartered", "professional association," or the abbreviation will be abbreviated to the corporation must contain the word "chartered", "professional association," or the abbreviation will be abbreviated to the corporation wil	viation "P.A	\. ")
	Dixan E. Barcelo, R/A F		
	8580 Grand Canal Drive Miami, Florida 33144		
add:	Dixan E. Barcelo, VP		_
	8580 Grand Canal Drive Miami, Florida 33144		
add:	Carlos Kong, R/A P 6095 NW 72 Avenue Miami, Florida 33166		-
	(Attach additional pages if necessary)		
	ndment provides for exchange, reclassification, or cancellation of issued shar menting the amendment if not contained in the amendment itself: (if not applica		
n/a			_
	(continued)		

The date of each amendment(s) adoption: February 28, 2006			
Effective date if applicable: (no more than 90 days after amendment file date)			
(no more than 90 days after amendment life date)			
Adoption of Amendment(s) (CHECK ONE)			
XXX The amendment(s) was/were approved 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)			
(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.			
Signed this day ofFebruary 2006			
Signature X (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) I hereby accept the appointment as Registered Agent and agree to act in this capacity. Carlos Kong (Typed or printed name of person signing) President (Title of person signing)			

FILING FEE: \$35