## P030001413773

(Re	equestor's Name)	
(Ac	Idress)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: HUMANITY HEALTH MEDICAL CENTER I	NC		
DOCUMENT NUMBER: P03000143773	·		
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
JOSE M DE XIMENO			
Name of Contact Person			
HUMANITY HEALTH MEDICAL CENTER INC			
Firm/ Company			
8660 W FLAGLER ST, STE 105			
Address			
MIAMI, FL 33144			
City/ State and Zip Code			
LEIBYS1986@GMAIL.COM			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
JOSE M DE XIMENO at (305 ) 982-8763			
Name of Contact Person Area Code & Daytime Telephor	ne Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)	s		
Mailing Address Street Address			
	Amendment Section		
Division of Corporations  Division of Corporations  Division of Corporations			
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment: to **Articles of Incorporation** 

of

FILED

## 2012 NOV 15 PM 3: 33 HUMANITY HEALTH MEDICAL CENTER INC (Name of Corporation as currently filed with the Florida Dept. of State) SEURETARY OF STATE 1/2772 . TALLAHASSEE. FLORIDA P03000143773 (Document Number of Corporation (if known)

nent(s) to

name must be distinguishable and contain the word "corpord "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation name m	
B. Enter new principal office address, if applicable:	8660 W FLAGLER ST	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	SUITE 105	
/	MIAMI, FL 33144	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8660 W FLAGLER ST	
(Mutting dualess MAT BEAT OST OFFICE BOX)	SUITE 105	
	MIAMI, FL 33144	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office additional agent and/or the new registered office additional agent and/or the new registered office additional agent and/or registered office additional agent and/or registered office additional agent and/or registered office and new registered office and new registered office and new registered office and new registered office additional agent and/or registered office and new registered office additional agent and/or registered office and new registered office additional agent and/or the new registered office additional agent		
. (Florida	a street address)	
New Registered Office Address: MIAMI	, Florida 33144	
New Registerea Office Address:	(Zip Code	

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	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>v</u> <u>v</u>	1ike Jones	
X Add	<u>SV</u> <u>S</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
) X Change	<u>P</u>	JOSE M DE XIMENO	8660 W FLAGLER ST
Add		·	SUITE 105
Remove			MIAMI, FL 33144
2) X Change	VP	CARLOS HERNANDEZ	8660 W FLAGLER ST
Add			SUITE 105
Remove			MIAMI, FL 33144
3) Change			`
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	g or adding addition litional sheets, if neces	ssary). (Be specif	fic)		
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lf an amen	dment provides for	an exchange, recla	ssification, or car	ncellation of issued	shares,
	s for implementing t t applicable, indicate	<u>ne amendment ii n</u> N/A)	iot contained in t	<u>ne amendment itsei</u>	<u>t:</u>
(if no	apprication, marcare	1411)			
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The date of each amendment(s) adoption: 11/05/2012		
Effective date <u>if applicable</u> :	•	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach 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 adaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
<sub>Dated</sub> 11/08/	2012	
Signature	Telo	
(By a (	hrector, president or other officer – if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoir	nted fiduciary by that fiduciary)	
	JOSE M DE XIMENO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	