

PD4000008819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

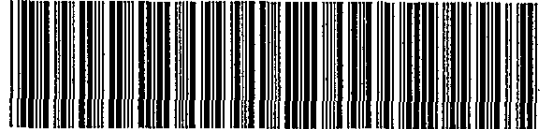
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Certified Copies ☒

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04 AUG 30 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

T BROWN SEP - 1 2004

KABA & PEÑA, P.A.

ATTORNEYS AT LAW
2460 S.W. 137TH AVENUE
SUITE 251
MIAMI, FL 33175

MOISES KABA III, ESQ.
MARIA E. PEÑA, ESQ.

TEL: (305) 670-3223
FAX: (305) 207-3844

August 6, 2004

Department of State
Division of Corporations
Attn: Certifications Department
409 East Gaines Street
Tallahassee, Florida 32399
1 (850) 245-6050


Re: Miami Clinic, Inc.
2103 Coral Way
Suite #110-111
Miami, Florida 33135

Dear Certifications Department:

Please be advised that the above-mentioned firm did a closing on Miami Clinic, Inc. at which time the articles of incorporation were amended. At this time we are requesting a certified copy of the Articles of Amendment to be sent back to us in the enclosed stamped envelope as soon as possible. Enclosed you will also find a check for \$52.50 to cover the fee of this process.

Thank you for your attention and cooperation in this matter. Should you have any questions or comments, please feel free to contact our office.

Yours truly,


Aymea Bermejo de Lamar, Legal Assistant
to Moises Kaba III, Esq.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MIAMI CLINIC, INC.

DOCUMENT NUMBER: P04000008819

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

Please return all correspondence concerning this matter to the following:

ADDY D. MORAN

(Name of Contact Person)

MIAMI CLINIC, INC.

(Firm/ Company)

2103 CORAL WAY, SUITE 110-111

(Address)

MIAMI, FL

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

ADDY D. MORAN

(Name of Contact Person)

at (786) 326-0312

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 16, 2004

MOISES KABA III, ESQ.
KABA & PENA, P.A.
2460 S.W. 137TH AVENUE, SUITE 251
MIAMI, FL 33175

SUBJECT: MIAMI CLINIC, INC.
Ref. Number: P04000008819

We have received your document for MIAMI CLINIC, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6869.

Teresa Brown
Document Specialist

Letter Number: 404A00050367

KABA & PEÑA, P.A.

2460 S.W. 137TH AVENUE
SUITE 248
MIAMI, FL 33175

MOISES KABA III
MARIA E. PEÑA

Tel: (305) 670-3223
Fax: (305) 207-3844

August 24, 2004

Florida Department of State
Division of Corporations
Attention Teresa Brown, Document Specialist
P.O. Box 6327
Tallahassee, FL 32314

Re: Miami Clinic, Inc.
Letter Number: 404A00050367

Dear Ms. Brown:

As requested, please find original executed Acceptance of Registered Agent for the above-referenced corporation.

We would appreciate your prompt attention to this matter. Please do not hesitate to contact us should you have any questions.

Sincerely,



Aymee Bermejo de Lamar
Legal Assistant to Moises Kaba III, Esq.

Enclosure

Articles of Amendment
to
Articles of Incorporation
of

FILED
04 AUG 30 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MIAMI CLINIC, INC.

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

P04000008819

(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:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

ARTICLE V - ADDY D. MORAN, Registered Agent 2103 CORAL WAY, SUITE 110-111, MIAMI, FL

ARTICLE V - Principle office and mailing address 2103 CORAL WAY, SUITE 110-111, MIAMI, FL

ARTICLE VI - ADDY D. MORAN, President, Vice-President, Secretary, Treasure and Director

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: AUGUST 5, 2004

Effective date if applicable: AUGUST 5, 2004
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ 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)

☐ 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 8 day of August, 2004.

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)

Alfredo Rivera

(Typed or printed name of person signing)

President

(Title of person signing)

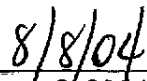
FILING FEE: \$35

ACCEPTANCE OF REGISTERED AGENT

MIAMI CLINIC, INC.

I, ADDY D. MORAN, hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.


ADDY D. MORAN, Registered Agent


August 8, 2004