

P04000033716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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(Business Entity Name)

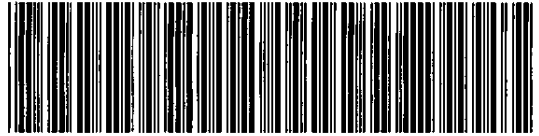
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FILED

2010 MAY -4 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend

TB

MAY - 7 2010

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Y & R MEDICAL CENTER INC

DOCUMENT NUMBER: P04000033716

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

Please return all correspondence concerning this matter to the following:

ALEXANDER NAVARRO

Name of Contact Person

Y & R MEDICAL CENTER INC

Firm/ Company

8051 W 24TH AVE SUITE 9

Address

HIALEAH FL 33016

City/ State and Zip Code

BANLOSA @ YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXANDER NAVARRO

Name of Contact Person

at ( 305 ) 556 5117

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

Y & R MEDICAL CENTER, INC.

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

P04000033716

(Document Number of Corporation (if known))

FILED  
2010 MAY -4 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

(Florida street address)

(City)

\_\_\_\_\_, Florida  
(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

**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>  |
|--------------|--------------------------|---|--|
| <u>P</u>     | <u>ORLANDO ORTEGA</u>    | <u>8051 W 24TH AVE SUITE 9</u><br><u>HIALEAH FL 33016</u> | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| <u>P</u>     | <u>ALEXANDER NAVARRO</u> | <u>8051 W 24TH AVE SUITE 9</u><br><u>HIALEAH FL 33016</u> | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| <u>VP</u>    | <u>ORLANDO ORTEGA</u>    | <u>8051 W 24TH AVE SUITE 9</u><br><u>HIALEAH FL 33016</u> | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

N/A

**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)*


N/A

The date of each amendment(s) adoption: 04/27/2010  
(date of adoption is required)  
Effective date if applicable: 04/27/2010  
(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 04/27/2010

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)

ALEXANDER NAVARRO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)