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SECRETARY OF STATE FALLAHASSEE. FLORIDA

2010 MAY -4 AM 8: 59

Amend

MAY - 7 2010

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	Y & R MEDICAL CENTER	inc	
DOCUMENT NUME	BER:	P04000033716		
The enclosed Articles	of Amendment and fee	e are submitted for filing.		
Please return all corres	spondence concerning	this matter to the following:		
	AL	EXANDER NAVARRO		
		Name of Contact Person		
	Y & F	R MEDICAL CENTER INC		
		Firm/ Company		
	805	1 W 24TH AVE SUITE 9		
		Address		
		HIALEAH FL 33016 City/ State and Zip Code		
	Boullosa	a sate and sip code	21	
	E-mail address: (to be u	used for future annual report notification)		
For further information	n concerning this matte	er, please call:		
	DER NAVARRO		5117	
	Contact Person	Area Code & Daytime Tele		
	r the following amount	t made payable to the Florida Depart	ment of State:	
	□ \$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 Addr		Street Address		
Amendment Section Division of Corporations			Amendment Section Division of Corporations	
P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle	ę	

Tallahassee, FL 32301

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

P04000033716

(Document Number of Corporation (if known) arsuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following the tendment of the provision of the corporation: If amending name, enter the new name of the corporation: The new must be distinguishable and contain the word "corporation," "company," or "incorporated" or the breviation "Corp.," "Inc.," or "Co". A professional corporation me must contain the word "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: [Incipal office address MUST BE A STREET ADDRESS] Enter new mailing address, if applicable: [Mailing address MAY BE A POST OFFICE BOX] 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] [Florida	Articles of Incorporation of Py & R MEDICAL CENTER INC. (Name of Corporation as currently filed with the Florida Dept. of State) P04000033716 (Document Number of Corporation (if known) ursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the followin tendment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: The new mem to distinguishable and contain the word "corporation," "company," or "incorporated" or the bireviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation mem must contain the word "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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) [Florida treet address] [Florida				
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	ew Registered Agent's Signature, if changing Registered Agent:	_		, Florid	a
	ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		(City)	(Zip Code)	
w Registered Agent's Signature, if changing Registered Agent:		w Registered Agent's Signature, if changing	g Registered Agent		
				and accept the obligatio	ns of the position.

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>	Address	Type of Action
<u>P</u>	ORLANDO ORTEGA	8051 W 24TH AVE SUITE 9 HIALEAH FL 33016	_
<u>P</u>	ALEXANDER NAVARRO	8051 W 24TH AVE SUITE 9 HIALEAH FL 33016	_ ☑ Add _ □ Remove
<u>VP</u>	ORLANDO ORTEGA	8051 W 24TH AVE SUITE 9 HIALEAH FL 33016	
	ding or adding additional Articles, ent dditional sheets, if necessary). (Be spe		
N/A			
			,
		W-11-	
provisi	mendment provides for an exchange, roos for implementing the amendment and applicable, indicate N/A)		
N/A			

The date of each amendmen	
Effective date if applicable:	04/27/2010 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_04/2	27/2010
Signature	
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	ALEXANDER NAVARRO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)