## P04000403/6

| (Requestor                        | s Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| (City/State/                      | Zip/Phone #)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| PICK-UP                           | WAIT MAIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section

Mailing Address
Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

| Division of Corporations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF CORPORATION: HEALTH TRUST MEDICAL CAIZE, INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| DOCUMENT NUMBER: P 04000040316                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| The enclosed Articles of Amendment and fee are submitted for filing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Please return all correspondence concerning this matter to the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| AIZNALDO M. FLETZNANDEZ. DIAZ (Name of Contact Person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| HEALTH TIZUST MEDICAL CAIZE, INC. 1 (Firm/Company)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 11601 BISCAYNE BLUD, S-307. (Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| NOIZTH MIAMI, FL 33181-3151<br>(City/State/and Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| For further information concerning this matter, please call:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| AIZNALDO M. FLEIZNANDET-DÍAZ at (305) 8917960 (Name of Contact Person) (Area Code & Daytime Telephone Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Enclosed is a check for the following amount:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ■ \$35 Filing Fee  Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee & □ \$52.50 Filing |

**Street Address** 

Amendment Section

409 E. Gaines Street

Tallahassee, FL 32399

Division of Corporations

Articles of Amendment Articles of Incorporation OSMAY 23 PHIE 13

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

P04000040316
(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 IV                                                                                                                                                                                                                               |
| ADD: THE NEWLY DESIGNATED REGISTERED                                                                                                                                                                                                     |
| AGENT IS: ARNALDO MIGUEL FERNÁNDEZ-DÍAZ,                                                                                                                                                                                                 |
| 151 SW 135 TERRACE, A-312T                                                                                                                                                                                                               |
| PEMBNOKE PINES, FL 33027                                                                                                                                                                                                                 |
| Anticle VI                                                                                                                                                                                                                               |
| DELETE: PRESIDENT: SILVIA BEATRIZ ARAP                                                                                                                                                                                                   |
| 8540 BYRON AVENUE APT#113                                                                                                                                                                                                                |
| MIANI BEACH, FL 33141                                                                                                                                                                                                                    |
| (Attach additional pages if necessary)                                                                                                                                                                                                   |
| (SEE)                                                                                                                                                                                                                                    |
| 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)                         |
| for implementing the amendment it not contained in the athenduclic used. (It not applicable, indicate in/A)                                                                                                                              |

## . ARTICLE VI (CONTINUED)

ADD: ARNALDO MIGUEL FERNÁNDEZ-DÍAZ 151 SW 135 TEMPACE, A-3127 PEMBROKE PINES, FL 33027

HAVING BLEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SEIZVICE OF PNUCIESS FOR THE ABOVE STATED CONPORATION AT PLACE DESIGNATED IN THIS CEPTIFICATE, I HENERY ACCUEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGNET TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTILS, AND I AM FAMILIAM WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERES AGENT.

| The date of each amendment(s) adoption: 05-15-2005                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date if applicable: (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)                                                                                                               |
| (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 15 <sup>774</sup> day of MAY 2005.                                                                                                                                                                   |
| (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) |
| SILVIA BEATIZIZ ANAP  (Typed or printed name of person signing)                                                                                                                                                  |
| PRESIDENT                                                                                                                                                                                                        |
| (Title of person signing)                                                                                                                                                                                        |

FILING FEE: \$35