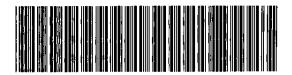
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#### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION:	ALVA	RO JARQUIN MD	, P.A.	<del></del>
DOCUMENT NU	MBER:		P04000054107	7	
The enclosed Artic	cles of Amendment and fee	are submi	tted for filing.		
Please return all co	orrespondence concerning the	nis matter	to the following:		
	<del></del>		oscow		_
		Name of Co	ntact Person		
	JAMES ALL	EN TAX 8	& ACCOUNTING INC	>	_
		Firm/ Co	ompany		
	•				
		<del></del>	VOOD DRIVE		_
	and the second s	Add	ress		• • • •
<i>:</i> •	,				
			ORIDA 33803 nd Zip Code		_
	,	Jily/ State at	nd Zip Code		
	PMOSC	OW@GN	MAIL.COM annual report notification)		
	E-mail address: (to be us	ed for future	annual report notification)		
		_			
For further informa	ation concerning this matter	, please ca	ll:		
P/	ATTI MOSCOW	at (		683-1968	
Name	of Contact Person		Area Code & Daytime T	elephone Numb	er
Enclosed is a checl	k for the following amount i	nade paya	ble to the Florida Depa	artment of Sta	te:
☑\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	C	13.75 Filing Fee & ertified Copy dditional copy is enclosed)	Certified	e of Status
P.O. Box 63	t Section Corporations	Amo Divi Cliff 266	eet Address endment Section ision of Corporations ton Building I Executive Center Circ ahassee, FL 32301	cle	

### Articles of Amendment to Articles of Incorporation

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SECRETA OF State HASS	Y 05 05
	EE FLORIDE

#### ALVARO JARQUIN MD, P.A.

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

P04000054107

(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:

ne must be distinguishable and contain reviation "Corp.," "Inc.," or Co.," or th ne must contain the word "chartered," "pi	ne designation "Corp," "Inc,	'company," or "incorporated' " or "Co". A professional cor	The " or rpora
Enter new principal office address, if ap			
incipal office add <b>r</b> ess <u>MUST BE A STRE</u>	ET ADDRESS )		
		<del></del>	
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Enter new mailing address, if applicable	<b>^</b>		
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## 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>VP</u>	KIMBERLY MANCILLAS	187 WOODSTORK WAY FROSTPROOF, FL. 33843	_ ☐ Add _ <b>⊠</b> Remove
<b>Y</b> P	CLAUDIA BERNARD	2376 CHESTERFIELD CIRCLE LAKELAND, FL. 33813	_
			_
	ding or adding additional Articles, of dditional sheets, if necessary). (Be		
	· · · · · · · · · · · · · · · · · · ·		
provisi		e, reclassification, or cancellation of is not contained in the amendment	
		· · · · · · · · · · · · · · · · · · ·	

The date of each amendmen	t(s) adoption: 1	0/01/2011 .
Effective date <u>if applicable</u> :	10/01/2011	(date of adoption is required)
_ <b></b>	(no more than	90 days after amendment file date)
Adoption of Amendment(s)	(CI	HECK ONE)
The amendment(s) was/we by the shareholders was/w		e shareholders. The number of votes cast for the amendment(s) approval.
		he shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):
	cast for the amer	ndment(s) was/were sufficient for approval
by all		,,,
	(voting group)	<del></del>
action was not required.  The amendment(s) was/we action was not required.	ere adopted by the	e incorporators without shareholder action and shareholder
Dated_10/0	05/2011	
		dent or other officer – if directors or officers have not been rporator – if in the hands of a receiver, trustee, or other court
арр	ointed fiduciary	by that fiduciary)
		ALVARO JARQUIN MD, P.A.
	(Ту	/ped or printed name of person signing)
	·	PRESIDENT
	(Title c	of person signing)

Page 3 of 3

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