**Division of Corporations** Public Access System.

#### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H060001641193)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)205-0380

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 12000000146

Phone

: (305)444-4994

Fax Number

: (305) 444-4977

## COR AMND/RESTATE/CORRECT OR O/D RESIGN

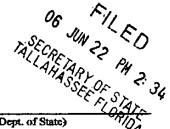
#### M.D. MEDICAL CENTER CORP.

			Certific	ate of Status	0			
	_	٠,٠	Certific	ed Copy	0	IA S	0	
	8	10.1	Page C	ount	03		<u>o</u>	
	ထံ	95A	Estima	ted Charge	\$35.00	ARE1	Ē	т
	H	DRFOG				TARY: ASSE	1 22	=
u)	2	_ <del></del>				<u></u>		Ш
$\mathcal{O}_{\mathbf{E}}$	leeronic Filing Menu		iling Menu	Corporate Filing Menu		Hel <del>b</del> o	¥	
6	=	35		•		æ <u>z</u>	Ċ	
*.CPERT	90	=				TATE ORIDA	34	

https://efile.sunbiz.org/scripts/efilcovr.exe

(((H06000164119)))

Articles of Amendment to Articles of Incorporation of



#### M.D. MEDICAL CENTER CORP.

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

# P04000140063 (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):

**ECFS** 

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," (A professional corporation must contain the word "chartered", "professional association," or the	
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate A and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	rticle Number(s)
WE WILL DELETE:	Y SELDE
JERRY A. SPEGEL AS (VP)	<u> </u>
8206 W. FLAGLER STREET STE: 26	75 DR 1M R-LAG
MIAMI, FL 33126	. 60 JF 181,436.
THE NEW MAILING ADDRESS IS:	TOTAL STATE
8206 W. FLAGLER STREET STE: 2E	SZEN FLAC
MIAMI, FL 33126	
(Attach additional pages if necessary)	<u> </u>
If an amendment provides for exchange, reclassification, or cancellation of issued for implementing the amendment if not contained in the amendment itself: (if not a	
	<del></del>
(continued)	

### (((H06000164119)))

The date of each amendment(s) adoption: 06-22-06	
Effective date if applicable:  (no more than 90 days after amendment file date)	
	_
The amendment(s) was/were approved by the shareholders. The number of votes ca the amendment(s) by the shareholders was/were sufficient for approval.	st for
The amendment(s) was/were approved by the shareholders through voting groups. It following statement must be separately provided for each voting group entitled to ve separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approve	al by
(voting group)	7. 128 s. 12
The amendment(s) was/were adopted by the board of directors without shareholder and shareholder action was not required.	and the first of the make
The amendment(s) was/were adopted by the incorporators without shareholder action shareholder action was not required.	on and
Signature	and the part of the second of
(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)	at the second
TALK NO PELAS LATION TO THE LATE THOMAS GARCIA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	