

**P05000026528**

Florida Department of State  
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.**

(((H06000262827 3)))



H060002628273ABCD

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

To:  
Division of Corporations  
Fax Number : (850)205-0380

From:  
Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305)444-4994  
Fax Number : (305)444-4977

**FILED**  
06 OCT 27 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RECEIVED**  
06 OCT 27 AM 8:00  
DIVISION OF CORPORATIONS

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

**HOMESTEAD MEDICAL INSTITUTE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

*Appendment* 10/27/2006  
10/30/06 DC

(((H06000262827)))  
**Articles of Amendment  
to  
Articles of Incorporation  
of**

HOMESTEAD MEDICAL INSTITUTE, INC.

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

DOC.# P05000026528

(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)**

**THE NEW REGISTERED AGENT WILL BE:**

JOSE HERNANDEZ

28801 S.W. 157TH AVE.

HOMESTEAD FL 33033

**THE SOLE DIRECTOR/OFFICER WILL NOW BE:**

MARIA C. CUBILLAS (P/D)

28801 S.W. 157TH AVE.

HOMESTEAD FL 33033

(Attach additional pages if necessary)

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(continued)

**FILED**  
06 OCT 27 PM 4: 58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(((H06000262827)))

The date of each amendment(s) adoption: 10-25-06

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 statements 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.

Signature

Maria C. Cubillas  
(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)

MARIA C. CUBILLAS

(Typed or printed name of person signing)

P/D

(Title of person signing)

(((H06000262827)))

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
REGISTERED AGENT  
JOSE HERNANDEZ