

P05000035834

Florida Department of State
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

BASIC AMENDMENT

FALCON MEDICAL CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

RECEIVED

05 MAR 24 PM 12:55

DIVISION OF CORPORATIONS

FILED
05 MAR 24 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Amended
3/25/05
35834

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(5)

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

FALCON MEDICAL CENTER, INC.

(present name)

PO5000035834

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

ARTICLE VI:

FROM: JESUS A. FALCON

TO: HUMBERTO RUIZ
415 WEST HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009

ARTICLE IV:

FROM: JESUS A. FALCON

TO: HUMBERTO RUIZ
415 WEST HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009

ARTICLE II

FROM: 7617 NW 182 TERRACE
MIAMI GARDENS, FL 33015

TO: 415 WEST HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

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THIRD: The date of each amendment's adoption: 3/28/05

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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

- ☒ 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 day 23rd of MARCH, 2005

Signature



(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

JESUS FALCON

Typed or printed name

DIRECTOR

Title

MARCH 23 , 2005

To whom it may concern;

I Jesus Falcon certify that I resign my action on the company call
Falcon Medical Center. And I give Humberto Ruiz the presidential
And all access to the company. Leaving me with no responsibility for this
establishment there for. I have nothing more to do with this clinic
from the moment I sign this letter. He will be responsible with
everything that has to do with Falcon Medical Center.

Thank you



Jesus Falcon

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

First that FALCON MEDICAL CENTER, INC.
(Name of Corporation)
desiring to organize under the laws of the State of FLORIDA
(Florida)
with its principal office, as indicated in the articles of incorporation has named
HUMBERTO RUIZ located at
(Name of registered agent)
415 WEST HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009, County of BROWARD State
(City) (County)
of Florida, as its agent to accept service of process within this state.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

SIGNATURE



REGISTERED AGENT

HUMBERTO RUIZ
415 WEST HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009

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