

PO5000035849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

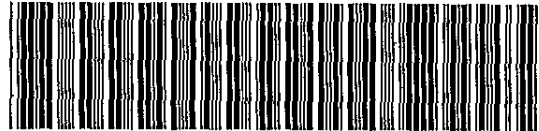
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

F. Smith SEP 20 2005

Handwritten signature

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MMB MEDICAL CENTER , CORP

DOCUMENT NUMBER: P05000035849

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MANUEL BARBEITE

(Name of Contact Person)

MMB MEDICAL CENTER, CORP

(Firm/ Company)

125 N.E. 8th Street # 6

(Address)

Homestead, Florida 33030

(City/ State and Zip Code)

For further information concerning this matter, please call:

Manuel Barbeite

(Name of Contact Person)

at (305) 220- 3804

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Articles of Amendment
to
Articles of Incorporation
of**

MMB MEDICAL CENTER, CORP.

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

P05000035849

(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):

NON APPLICABLE

(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 V: Delete Officer: Gustavo L. Cruz (Resignation)

Current Officer: MANUEL BARBEITE (President)

REGISTERED AGENT: Manuel Barbeite

125 N.E. 8th Street # 6
HOMestead, Florida 33030

Having been named as REGISTERED Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

(Attach additional pages if necessary)

MANUEL BARBEITE

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)

ALL STOCK DISTRIBUTION REMAIN THE SAME - 100% Manuel Barbeite

(continued)

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The date of each amendment(s) adoption: 9 / 7 / 05

Effective date if applicable: 9/7/05
(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)

☐ 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



(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)

MANUEL BARBEITE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35