

P05000041498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

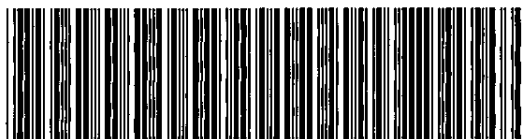
(Business Entity Name)

(Document Number)

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03/27/07--01034--003 \*\*50.00

RECEIVED  
07 MAR 27 AM 11:17  
DEPT OF REVENUE  
TALLAHASSEE, FLORIDA

FILED  
2007 MAR 29 - PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*367107*

*X00789, 00615, 00672*

**LAZARUS  
CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. CYL MEDICAL CENTER, INC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in  
☐ Mail out

☒ Pick up time  
☐ Will wait

2.00  
☐ Photocopy

☒ Certified Copy of ART.  
☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☒ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other



RECEIVED

07 MAR 29 AM 10:56

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
TALLAHASSEE, FLORIDA

March 27, 2007

Lazarus Corporate Filing Service  
3320 SW 87th Avenue  
Miami, FL 33165

SUBJECT: CYL MEDICAL CENTER INC.  
Ref. Number: P05000041498

We have received your document for CYL MEDICAL CENTER INC. and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Document Specialist

Letter Number: 107A00020850

FROM

FA)

Mar. 26 2007 08:55AM P2/3

FILED

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF

2007 MAR 29 - PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CYL MEDICAL CENTER, INC.

(PRESENT NAME)

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)

Directors shall now read as follows:

ADD: CONSUELO CORRECHET AS  
VICE - PRESIDENT

New Registered Agent

**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.

FROM

FAX

Mar. 26 2007 08:55AM P3/3

THIRD: The date of each amendment's adoption: 03/26/07

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 for each voting group entitled to vote separately on each 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 26 day of March, 20 07

Signature

(By the Chairman or Vice Chairman of the 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)

MARTHA VALDES

Typed or printed name

PRESIDENT/Director

Title

Having been named as registered agent and to accept service of process for the stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity.

\_\_\_\_\_  
Registered Agent Signature