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Division of Corporations

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P05000077487

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : IPS, INC.
Account Number : I20060000036
Phone : (786) 486-9059
Fax Number : (305) 769-2020

06 JUN 27 PM 3:00
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN

HIALEAH DIAGNOSTIC MEDICAL CENTER, INC.

RECEIVED

06 JUN 27 AM 8:00

DIVISION OF CORPORATIONS

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Amend/cc/cus

@ 6.27.06

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HIALEAH DIAGNOSTIC MEDICAL CENTER, INC.

DOCUMENT NUMBER: P05000077487

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

Please return all correspondence concerning this matter to the following:

JOHN LARA

(Name of Contact Person)

HIALEAH DIAGNOSTIC MEDICAL CENTER, INC.

(Firm/ Company)

3309 SW FRANKFORD STREET

(Address)

PORT ST LUCIE, FL 34953

(City/ State and Zip Code)

For further information concerning this matter, please call:

JOHN LARA

(Name of Contact Person)

at (305) 588-9878

(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 &
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(Additional copy is
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☒ \$52.50 Filing Fee
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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

HIALEAH DIAGNOSTIC MEDICAL CENTER, INC.

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

P05000077487

(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):

N/A

(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)**

DELETE: CRISTOBAL SERRANO AS REGISTERED AGENT

ADD: JOHN LARA AS REGISTERED AGENT

Registered agent address: 3309 SW FRANKFORD STREET, PSLUCIE, FL34953

DELETE: CRISTOBAL SERRANO AS PRESIDENT

ADD: JOHN LARA AS PRESIDENT

JOHN LARA, ACCEPTS DESIGNATION AS REGISTERED AGENT

SIGNATURE OF REG. AGENT: 

(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)

The date of each amendment(s) adoption: 06/26/2006

Effective date if applicable: 06/26/2006
(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)

CRISTOBAL SERRANO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35