

POS000081373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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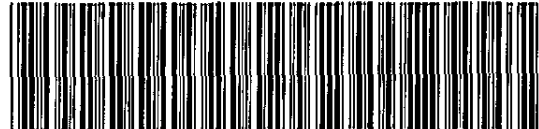
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

Amen

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** CLEARVIEW MEDICAL SERVICES CORP

**DOCUMENT NUMBER:** P05000081373

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

Please return all correspondence concerning this matter to the following:

JORGE VIVANCO

(Name of Contact Person)

(Firm/ Company)

15248 SW 172 TERR

(Address)

MIAMI, FL 33182

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

JORGE VIVANCO

(Name of Contact Person)

at ( 786 )

443-9733

(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  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 28, 2005

JORGE VIVANCO  
15248 SW 172 TERR  
MIAMI, FL 33182

SUBJECT: CLEARVIEW MEDICAL SERVICES CORP  
Ref. Number: P05000081373

We have received your document for CLEARVIEW MEDICAL SERVICES CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith  
Document Specialist

Letter Number: 005A00069245

RECEIVED  
05 DEC -5 AM 8:00  
DIVISION OF CORPORATIONS

Articles of Amendment  
to  
Articles of Incorporation  
of

CLEARVIEW MEDICAL SERVICES CORP

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

P05000081373

(Document number of corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

ARTICLE II: PRINCIPAL OFFICE:

DELETE: 1164 NW 125 PL MIAMI, FL 33182

ADD: 170 S BARFIELD SUITE 107 PAHOKEE, FL 33476

ARTICLE V: OFFICERS AND/OR DIRECTORS:

DELETE: HUGO HERNANDEZ (TREASURY) AND JORGE VIVANCO (PRESIDENT)

ADD: GUSTAVO PILOTO (PRESIDENT) 1008 SW 121 CT MIAMI, FL 33184

ADD: JORGE VIVANCO (TREASURY) 15248 SW 172 TERR MIAMI, FL 33187

(Attach additional pages if necessary)

(continued)

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TALLAHASSEE FLORIDA

The date of adoption of the amendment(s) was: 11/16/05

Effective date if applicable: 11/17/05  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 02 day of DECEMBER, 2005.

Signature



(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

JORGE VIVANCO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**FILING FEE: \$35**