P0600005395

| (Re | equestor's Name) | |
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| · (Ac | ldress) | |
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| (Ci | ty/State/Zip/Phone # | \ |
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| PICK-UP | , WAIT | MAIL |
| | , | |
| (Ві | siness Entity Name |) |
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| (Do | ocument Number) | |
| Certified Copies | Certificates of | f Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORA | TION: ESSENTIAL | MEDICAL CENTER, INC. | |
|---|--|---|---|
| DOCUMENT NUMBE | CR: P06000005395 | | |
| The enclosed Articles of | f Amendment and fee a | re submitted for filing. | |
| Please return all corresp | ondence concerning thi | s matter to the following: | |
| Stephen | Lovell | | |
| | (Name o | of Contact Person) | |
| | | | |
| | (Fir | m/ Company) | |
| 4527 Co | ronado Parkway | | |
| | | (Address) | |
| Cape Coi | al, Florida 33904 | | |
| | (City/ St | tate and Zip Code) | |
| For further information | concerning this matter, | please call: | |
| Stephen Lovell | | at (239) 994-7255 | |
| (Name of Co | ontact Person) | (Area Code & Daytime Tele | phone Number) |
| Enclosed is a check for t | he 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 Addres Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL | tion orations | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | |



February 29, 2008

STEPHEN LOVELL 4527 CORONADO PARKWAY CAPE CORAL, FL 33904

SUBJECT: ESSENTIAL MEDICAL CENTER, INC.

Ref. Number: P0600005395

We have received your document for ESSENTIAL MEDICAL CENTER, INC. 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 document must also contain the address of the registered agent which must be at a Florida street address.

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) 245-6916.

Letter Number: 908A00012866

Carol Mustain Regulatory Specialist II

Division of Cornerations - P.O. ROY 6327 Tallahassaa Florida 32314

Articles of Amendment to Articles of Incorporation of

| (Name of corporation as currently filed with the Florida Dept. of Stat | ie) |
|--|-------------------|
| | <u> </u> |
| P06000005395 | 08 MAR |
| (Document number of corporation (if known) | ASS. |
| Pursuant to the provisions of section 607 1006. Florida Statutes, this Elevida Br | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pr</i> adopts the following amendment(s) to its Articles of Incorporation: | |
| (c) to 1.2 · | 9: 3 |
| NEW CORPORATE NAME (if changing): | |
| (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp. (A professional corporation must contain the word "chartered", "professional association," or the | |
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) | Article Number(s) |
| ARTICLE VIII THE NEW OFFICER/DIRECTOR ARE: | |
| JOHN ROMANO AS PRESIDENT/DIRECTOR WITH ADDRESS AT | • |
| 425 71st Street Miami, FL 33141 | |
| | |
| ARTICLE XTHE NEW REGISTERED AGENT IS: | |
| JOHN ROMANO WITH ADDRESS AT: 425 71st Street Miami | , FL 33141 |
| ÷ | |
| | |
| | |
| (Attach additional pages if necessary) | |
| If an amendment provides for exchange, reclassification, or cancellation of issue for implementing the amendment if not contained in the amendment itself: (if not | |
| JOHN ROMANO WITH 1000 SHARES IS 100% OWNER. | |

(continued)

| The date of each amendment(s) adoption: 02/19/08 |
|--|
| Effective date if applicable: 03/01/08 |
| (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 100% |
| (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 of 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) |
| Stephen Lovell |
| (Typed or printed name of person signing) |
| PRESIDENT |
| (Title of person signing) |
| 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has feen notified in writing of this change. |
| (Signature of Registered Agent) (Date) |
| If signing on behalf of an entity: |
| (Typed or Printed Name) |