7000011900

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(City/State/Zip/Phone #)	
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2009 JUL -2 AMII: 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION:	GA & S Medical Center, I	nc
DOCUMENT NU	MBER:	P06000011900	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
		Alicia Quesada	
	N	ame of Contact Person	
	GA &	S Medical Center, Inc	
		Firm/ Company	
· · · .	5	5788 SW 8 Street	
		Address	
		Miami, FL 33134	
	C	ity/ State and Zip Code	<u> </u>
	E-mail address: (to be use	d for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
	Alicia Quesada	at (305) 265	
Name	e of Contact Person	Area Code & Daytime Telep	phone Number
Enclosed is a chec	k for the following amount n	nade payable to the Florida Departn	nent of State:
☑ \$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)
P.O. Box 6	nt Section f Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building	
Taliahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

FILED
2009 JUL -2 AM 11: 3
SECRETARY OF

of (Name of Corporation as currently filed with the Florida Dept. of State) LAHASSEE, FLORIDA P06000011900 (Document Number of Corporation (if known)

lowing

e word "corporation," esignation "Corp," "Inc, ssional association," or	"company," or "incorporated" of "or "Co". A professional corporate or "P. 4"
	ine dooreviation T.A.
able:	
<u>ADDRESS</u>) 	
E BOX)	
vistered office address in	n Florida, enter the name of the
red office address:	1 1011way 01101 yau 1110 11 110
(Florida street a	ddress)
·	, Florida
	(Zip Code)
	SBOX) istered office address in red office address:

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

Title	<u>Name</u>	Address	Type of Action
<u>VP</u>	Alicia Quesada	5788 SW 8 Street Miaml. FL 33134	
<u>VP</u>	Gladys B. Santisteban	5788 SW 8 Street Miami, Fl 33134	
SEC	Alicia Quesada	5788 SW 8 Street Miami, FL 33134	
E. If amen (attach a	ding or adding additional Articles, en dditional sheets, if necessary). (Be sp		
provisi	mendment provides for an exchange, and some some some some some some some some		
,			

The date of each amendmen	t(s) adoption: UO/U 1/2009
Effective date if applicable:	(date of adoption is required)
<u> </u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemented 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
_{Dated} Jun	e 01,2009
Signature _	
sel	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Pedro Santisteban
•	(Typed or printed name of person signing)
	President
	(Title of person signing)