

# P6000040301

**Florida Department of State**  
**Division of Corporations**  
**Public Access System**

**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H09000105767 3)))



H090001057673ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
 Fax Number : (850) 617-6380

**From:**

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
 Account Number : I20000000146  
 Phone : (305) 444-4994  
 Fax Number : (305) 444-4977

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2009 APR 28 AM 11:11

FILED

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**

**A MIRANDA MEDICAL CENTER, INC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

ASR  
 4/29/09

RECEIVED  
 2009 APR 28 AM 8:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

(((H09000105767)))

Articles of Amendment  
to  
Articles of Incorporation  
of

A MIRANDA MEDICAL CENTER, INC.  
(Name of Corporation as currently filed with the Florida Dept. of State)

P06000040301  
(Document Number of Corporation (if known))

FILED  
2009 APR 28 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

New Registered Office Address:

375 WEST 19 STREET

(Florida street address)

HIALEAH

(City)

Florida 33010

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Signature of New Registered Agent, if changing

(((H09000105767)))

**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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P/S	AILYN COLUMBIE	375 W 19 STREET HIALEAH, FL 33010	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	LAZARO A. CARMONA	375 W 19 STREET HIALEAH, FL 33010	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	JULIA GARCIA	375 W 19 STREET HIALEAH, FL 33010	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

**F. 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:**

*(if not applicable, indicate N/A)*

(((H09000105767)))

The date of each amendment(s) adoption: 04-27-09

Effective date if applicable:

*(no more than 90 days after amendment file date)*

Adoption of Amendment(s)

**(CHECK ONE)**

☐ The amendment(s) was/were adopted 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.

Date: 04/27/09

Signature: (X) [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)*

AILYN COLUMBIE

*(Typed or printed name of person signing)*

PRESIDENT

*(Title of person signing)*