## 136000061597

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<del></del> -4-
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		Management





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SEURETARY OF STATE

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Physician's Choice of Pramí, One (Name of Corporation)  DOCUMENT NUMBER: PO60000 6597	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Vicente F Cue (Name of Person)	
(Name of Person)  Physician's Choice of Hrami Inc  (Name of Firm/Company)	
(Name of Firm/Company)	
(Address)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Vriente F Cue at (305) 495-9286 (Name of Person) (Area Code & Daytime Telephone Number)	

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

OBOCT 23 PM 1: 17
TALLAHASSEE, FLORIDA

Physician's Choice of Miami, Inc.

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

P06000061597

(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:

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

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

(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)
Article VII: Registered Agent
Vicente Cue 12910 S.W. 133rd Court Suite D. Miami, Florida 33186
Article IX:
Board of Directors: Hereby add: Esther C. Cue - Vice President
12910 S.W. 133rd Court Suite D
Miami, Florida 33186
(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: October 19, 2006
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
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)  Vicente  Cue
(Typed or printed name of person signing)
President/ Director
(Title of person signing)

FILING FEE: \$35

Signed thi	is 7th day	of AUGUST		2006	<u>.</u> .	
Ву		te Chairman of the Bo dopted by the shareh OR corporator if adopted by				·
		A RODRIGUEZ Typed or printed name	ne)		. •••	
	PRESIDE	NT / DIRECT(	OR	·	 	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS MY POSITION AS REGISTERED AGENT.

SIGNATURE VICENTE CUE
DATE 8/7/06