

P06000063421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100078160271

08/09/06--01005--024 \*\*35.00

RECEIVED  
06 AUG -9 AM 11:14  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

FILED  
2006 AUG 10 AM 11:37  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

*Amend*

C. Coulllette AUG 10 2006

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165

305-552-5973

Office Use Only

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. FLORIDA ONE MEDICAL CENTER, CORP.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2.06

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

### NEW FILINGS

☒ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

### AMENDMENTS

☒ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

### OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

### REGISTRATION/QUALIFICATION

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

06 AUG 10 AM 10:54

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

August 9, 2006

LAZARUS

TALLAHASSEE, FL

SUBJECT: FLORIDA ONE MEDICAL CENTER, CORP.  
Ref. Number: P06000063421

We have received your document for FLORIDA ONE MEDICAL CENTER, CORP. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent 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) 245-6903.

Cheryl Coulliette  
Document Specialist

Letter Number: 706A00049548

*SHE IS ACCEPTING  
THE DESIGNATION  
OF AN OFFICER OF  
THIS CORPORATION  
SHE IS NOT GOING  
TO BE THE REGISTERED  
AGENT*

Articles of Amendment  
to  
Articles of Incorporation  
of

Florida One Medical Center, Corp

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

P06000063421

(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:

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

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

ADD- As Vice President . Ms, Isabel Hurtado

By this mean, I Isabel Hurtado accept the responsibilities  
palced upon me as an Officer of the here mentioned -

corporation.

Isabel Hurtado

*Isabel Hurtado*

(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)

N/A

(continued)

FILED  
2006 AUG 10 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

06 JUL 13 AM 8:00

DIVISION OF CORPORATIONS

The date of each amendment(s) adoption: 07/11/2006

Effective date if applicable: 07/11/2006  
(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.

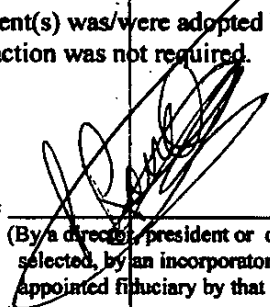
☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by  
\_\_\_\_\_  
(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)

Pedro Ramos

(Typed or printed name of person signing)

President, Director / Incorporator

(Title of person signing)

**FILING FEE: \$35**