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LEI MEDICAL CENTER, INC.

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Articles of Amendment to Articles of Incorporation FILED

06 OCT 17 PM 2: ng

SECRETARY OF STATE TALLAHASSEE, FLORIDA C.

LEI MEDICAL CENTER, INC.

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

P06000064134	
(Document number of corporation (if known)	
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:	ofit Corporation
NEW CORPORATE NAME (if changing):	
BORRAS MEDICAL CENTER, INC.	
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp. (A professional corporation must contain the word "chartered", "professional association," or the	" "Inc.," or "Co.") e abbreviation "P.A.")
<u>AMENDMENTS ADOPTED</u> - (OTHER THAN NAME CHANGE) Indicate and/or Article Title(s) being amended, added or deleted: (<u>BE SPECIFIC</u>)	Article Number(s)
WE WILL ADD:	· 2 626. 3
JOSE L. SESIN (V/D)	Same of the same o
3450 W. 84 ST. STE: 101	- 11. j
HIALEAH GARDENS, FL 33018	:: ° :
THE NEW MAILING, PRINCIPAL, REGISTEREDA AGENT &	DIRECTORS
ADDRESS WILL BE:	
3450 W. 84 ST. STE: 101	
HIALEAH GARDENS, FL 33018	
(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	d shares, provisions applicable, indicate N/A)
	
(continued)	

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The date of	of each amend	lment(s) s	doption: 10	D-17 - 06			
Effective of	date if <u>applica</u>	ıble:				_	
		(no	more than 90 da	ays after amendi	ment file date)	_	
Adoption	of Amendme	nt(s)	(CHECK	ONE)			
				ed by the shar rs was/were st			f votes cast for
	The amendme following stat separately on	ement mus	st be separate				
	"The num	ber of vot	es cast for the	e amendment(s) was/were	sufficient fo	or approval by
			(voting group)		<u> </u> •		
V	The amendme				of directors	without sha	reholder action
	The amendme shareholder ac			l by the incor	porators with	out shareho	lder action and
	Signature	selected, b		other officer - ir or - if in the hand t fiduciary)			
			J	OSE A. BO	ORRAS		
		,	(Typed or	printed name of	f person signin	g)	_
		•		P/D			
				(Title of person	signing)		