

P06000065033

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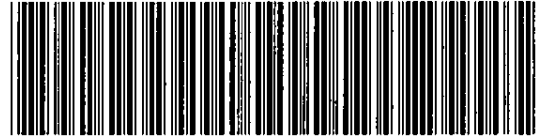
(Business Entity Name)

(Document Number)

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2008 MAR 10 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
Tee's
3/13/08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BROWARD SURGICAL CENTER INC.

DOCUMENT NUMBER: P06000065033

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDRES W. LOPEZ

(Name of Contact Person)

(Firm/ Company)

1149 SW 27th AVE. SUITE 205

(Address)

MIAMI FL 33135

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

ANDRES W. LOPEZ

(Name of Contact Person)

at (305) 643-6455

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FILED

2008 MAR 10 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

BROWARD SURGICAL CENTER, INC.

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

P06000065033

(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)**

ARTICLE VIII MUST BE CHANGED SHOWING IVAN CORO 10041 PINES BOULEVARD SUITE C

PEMBROKE PINES, FL. 33024 AS SECRETARY HAVING JORGE DUBOIS RESIGNED.

ARTICLE XII MUST BE CHANGED SHOWING IVAN CORO AS REGISTERED AGENT AT

10041 PINES BOULEVARD SUITE C, PEMBROKE PINES, FL. 33024, HAVING ARMANDO

LABRADOR RESIGNED.

JUAN M. FLORES. 10041 PINES BOULEVARD SUITE C, PEMBROKE PINES, FL. 33024

IS NOW 100% OWNER OF THE STOCK ISSUED.

(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)

The date of each amendment(s) adoption: FEBRUARY 1, 2008

Effective date if applicable FEBRUARY 1, 2008
(no more than 90 days after amendment file date)

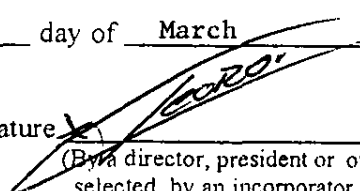
Adoption of Amendment(s) **(CHECK ONE)**

- ☒ 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.

Signed this 3 day of March, 2008

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)

IVAN CORO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35

I CERTIFY THAT I AM FAMILIAR WITH AND AACEPT THE RESPONSABILITIES
OF REGISTERED AGENT


IVAN CORO