P06000073009

. (Re	questor's Name)	
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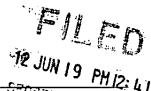
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: A GYN DIA	GNOSTIC CENTER,	INC.
DOCUMENT NUMB	_{ER:} P0600007300	9	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	NATALI VERGAF	RA	
-		Name of Contact Person	
-		Firm/ Company	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	375 E 49 ST SUI ⁻		
-		Address	
-	HIALEAH, FL 330		
		City/ State and Zip Code	
yeg	lez@aol.com		
···	E-mail address: (to be us	ed for future annual report notificati	on)
For further information	concerning this matter, pleas	e call:	
NATALI	VERGARA f Contact Person	at (954) C	107-7006
Name o	f Contact Person	Area Code & Day	rtime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Department of	f State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy Certi (Additional copy is Certi enclosed) (Add	50 Filing Fee ificate of Status ified Copy litional Copy nclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Sec Division of Corp Clifton Building 2661 Executive	porations

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of



60.

A GYN DIAGNOSTIC CENTER, INC.

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

P06000073009		ž .	CEIDE
(Documen	nt Number of Corporation	(if known)	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation	adopts the following ame
A. If amending name, enter the new na	ame of the corporation:		•
			The
ame must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpo	
. Enter new principal office address,	if applicable:	375 E 49 ST S	UITE #2
Principal office address MUST BE A STREET ADDRESS)		HIALEAH, FL 33013	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		375 E 49 ST S	UITE #2
	HIALEAH, FL 3		33013
. If amending the registered agent an			ame of the
new registered agent and/or the nev		<u>s:</u>	
Name of New Registered Agent	N/A		
	375 E 49 ST S	UITE #2	
-	(Florida si	reet address)	
New Registered Office Address:	HIALEAH	, Floric	_{la} 33013
	(City)	(Zip Code)
· · · · · · · · · · · · · · · · · · ·	(City)	(Zip Code)
New Registered Agent's Signature, if c			
hereby accept the appointment as regist	ered agent. I am familiar	with and accept the obligation	ons of the position.
Sig	gnature of New Registered	Agent, if changing	

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:			
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	,
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change Add Remove			
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove		-	
5) Change Add Remove	/		
6) Change Add Remove	/		

E. If amending or adding additional (attach additional sheets, if necessal	ry). (Be specific)			
N/A	-			
		-		
,				
	-			·····
	,			
F. If an amendment provides for an provisions for implementing the (if not applicable, indicate N/A)	amendment if not	fication, or cancell contained in the a	ation of issued shar mendment itself:	<u>res,</u>
		t-	## ## ***	
			, <u>-</u>	, , , , , , , , , , , , , , , , , , ,
				· · · · · · · · · · · · · · · · · · ·
	 .		•	

The date of each amendment(s) ac	doption: 6/1/12 6/1/12
Effective date <u>if applicable</u> :	6/1/12
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement 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	(voling group)
	(voling group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated	16/11/13 Natali Vergora
(By a d selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)