

PO6000103806

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : PROFESSIONAL SERVICES
Account Number : I20040000024
Phone : (305) ~~446-2055~~ **359-4491**
Fax Number : (305) 403-1061

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
GALLO MEDICAL CENTER INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

RECEIVED
2010 JUN 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUN 10 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

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Handwritten signature and date: 6/10/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GALLO MEDICAL CENTER INC

DOCUMENT NUMBER: P06000103806

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

Please return all correspondence concerning this matter to the following:

FRANK DIAZ

Name of Contact Person

PROFESSIONAL SERVICES LLC

Firm/ Company

3128 CORAL WAY

Address

MIAMI, FL 33145-3210

City/ State and Zip Code

PROFESSIONALSERVICES55@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANK DIAZ

Name of Contact Person

at (305)

Area Code & Daytime Telephone Number

359-4491

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

GALLO MEDICAL CENTER INC.

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

P06000103806

(Document Number of Corporation (if known))

APPROVED
AND
FILED
10 JUN 10 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address) _____

(City) _____

Florida

(Zip Code) _____

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PD	MIRELYS VALDES	2255 S W 32 AVE MIAMI, FL 33145	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PSD	RODOLFO C RODRIGUEZ	2255 S W 32 AVE MIAMI, FL 33145	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
SD	CHEILA SUAREZ	2255 S W 32 AVE MIAMI, FL 33145	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an 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)

The date of each amendment(s) adoption: JANUARY 5TH, 2010

Effective date if applicable: JANUARY 5TH, 2010 ^(date of adoption is required)
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted 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.

Dated JANUARY 5TH, 2010

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)

RODOLFO C RODRIGUEZ GALLO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)