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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORA	COMMUNITY RE	SEARCH FOUNDATION	MEDICAL CENTER, INC	
	P0600014033	5		
	(Amendment and fee are su			
Please return all corresp	ondence concerning this mat	ter to the following.		
	JOSEFA L BINKE	ΞR		
_		Name of Contact Persor	1	
	COMMUNITY RESEA	RCH FOUNDATION	MEDICAL CENTER, INC	
_		Firm/ Company		
	70 NW 8 Street			
		Address		
<u> </u>	Homestead, FL 3	3030		
		City/ State and Zip Code	:	
ibinl	ker@binkermd.co	om	,	
	E-mail address (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call.		
JOSEFA L BINKER		at (305	de & Daytime Telephone Number	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depo	irtment 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 (s enclosed)	
	ng Address		Address	
	idment Section	Amendment Section Division of Corporations		
	ion of Corporations Box 6327		Building	
Tallahassee, Ft. 32314 2661 Executive Center Circle			•	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

COMMUNITY RESEARCH FOUNDATION MEDICAL CENTER, INC

(Name of Cornoration as	currently filed with the FI	orida Dent. of State)		
P06000140335		,		
	t Number of Corporation (if	known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	•		s the following amendmen	น(ร) เ
•				
A. If amending name, enter the new na	me of the <u>corporation:</u>			
N/A		V N P II	The new	
name must be distinguishable and cond "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." or "C	No". A professional corporation	ed or the abbreviation rname must contain the	
		N/A		
B. <u>Enter new principal office address,</u> (Principal office address <u>MUST BE A S</u>				
				
				77
C. C	tel	N 1 / A	25 PH	DATIL
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>)		N/A		
			5 7	<u> </u>
			2: 08	
				
D. If amending the registered agent an			f the	
new registered agent and/or the new				
Name of New Registered Agent	N/A			
	N/A			
	(Florida stre	ret addressi		
New Registered Office Address;	N/A	. Florida		
Men Registered Office Address.	(City)	. 1 104104	(Zīp Code)	
New Registered Agent's Signature, if c			*ela a sacceivica	
I hereby accept the appointment as regist	стей аден сат запинат м	чт ана ассері те опиданон <i>s о</i> ј	ик ромнон.	
		Land of America		
. St	gnature of New Registered A	цені, іј снапуту		

If amending the Officers and/or Directors, enter the title and name of cach 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>8V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	RODOLFO BINKER JR.	6700 SW 21 ST
Add			MIAMI, FL 33155
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
[]			
∆dd			
Remove			

	ding or adding additi additional sheets, if neo	cessary). (Be spec	ifici			
I/A						_
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			. <u>-</u>			
	·		<u> </u>			_
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				 	<u> </u>	
If an ar	mendment provide <u>s f</u> o	or an evchange, rec	lassification, or e	ancellation of iss	sued shares,	
provis	ions for implementin	g the amendment if	not contained in	the amendment	itself:	
	fnot applicable, indica	HC (N (A1)				
₩						
W <i>F</i> 4						
W.A.	 -					
WA.						
N/A						
N/A						

. . .

The date of each amendment(s) adoption: 09/29/2017	, if other than the
date this document was signed.	•	
Effective date if applicable:	09/29/2017	
Ellectric date in approximate	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re-sufficient for approval.	
The amendment(s) was/web must be separately provided	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated_09/2	9/2017	
Signature <u> </u>	Muheres	
(B	y a director, president or other officer – if directors or officers have not been	
	lected, by an incorporator – if in the hands of a receiver, trustee, or other court prointed fiduciary by that fiduciary)	
	JOSEFA L BINKER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

A