

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000064826 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696

**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 RANI'S MEDICAL CENTER INC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$43.75

MAR 23 2010

Electronic Filing Menu

Corporate Filing Menu

Help **EXAMINER**

https://efile.sunbiz.org/scripts/efilcovr.exe

9696889908

3/22/2010 92:91 0102/22/80

EMPIRE CORP KIT

PAGE 01/05

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FLSistera 0.5	Hollymon's MeSical Contento					
DOCUMENT NUMBER: D7006629 399						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this mat	ter to the following:					
Name of Contact Person						
First Company Medical Canter, Inc						
(15 South 12th Avenue						
City/ State and Zip Code						
E-mail address: (to be used for future annual report notification.)						
For further information concerning this matter, please call:						
Name of Contact Person	at (954) 924-2567 Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:						
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amendment Section Division of Corporations Clifton Building 1661 Executive Center Circle Callahassee, FL 32301					

H10000064826

Articles of Amendment to Articles of Incorporation of RANI'S MEDICAL CENTER INC	TO MAR 22 MA
(Name of Corporation as currently filed with the Florida Dent. of State)	11.5
(Document Number of Corporation (if known)	AND A

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

FisipteRAPIA How and Madical Selvices, INC. 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 applicables
(Principal office address MUST BE A STREET ADDRESS)

15 South 17th Actenue
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address. if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

(Hollywass & Flatis 33055

D. If smending 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: Tracs G. UNCAL

New Registered Office Address: (Florida street ciddress)

(City) (Zip Code)

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

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

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

Page 1 of 3

If amending the Officers and/or Directors, enter the fitle 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>	Name	Address	Type of Action
<u> </u>	VINCENZA AuciELL	115 South 13 - AVE	Add Remove
			_
			_
(attach ad	igg or adding additional Articles, enter ditional sheets, if necessary). (Be specif	fic)	
	· · · · · · · · · · · · · · · · · · ·		
<u>-</u>			
providio	nendment provides for an exchange, recing for implementing the amendment if in applicable, indicate NA) FERNAN	builication, or cancellation of is not contained in the amendment ide Fuentes	gued shares. jtself:
		Ido Fuentes	
	·	ie Mora	

Page 2 of 3

PAGE 04/05

	مساومين المساورة	2->- 16	· · · · · · · · · · · · · · · · · · ·	1100000048216
The date of each amendment	(2) accibatos:	(date of adoption is re	ouired)	
Effective date if applicable:		2-22-13		
	(no more than)	2-22-(5 90 days after amendment)	file date)	
Adoption of Amendment(s)	CI	HECK ONE)		
The amendment(s) was/we by the shareholders was/w	ne adopted by the are sufficient for	e shareholders. The numb approval.	er of votes cast	for the amendment(s)
The amendment(s) was/we must be separately provide				
"The number of votes	cast for the amer	ndment(s) was/were suffic	ient for approve	1
by				
	(voting group)	+		
The amendment(s) was/we action was not required.	re adopted by the	e board of directors withou	nt shareholder a	ction and shareholder
The amendment(s) was/we action was not required.	re adopted by the	e incorporators without sh	areholder action	and shareholder
Dated	3-22-10	<u> </u>		
Signature	<u> </u>	In Unne		and beauty and beauty
solo	cted, by an inco	dent or other officer – if d rporator – if in the hands o by that fiduciary)		
		-, <u>, , , , , , , , , , , , , , , , , , </u>		
	Tereso	6. Vaca 1		
·	(Ту	rped or printed name of pe	rson signing)	
	Presi	Section of person signing)		
	(Title o	of person signing)		

Page 3 of 3

H10000064826