

PO 7000043556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

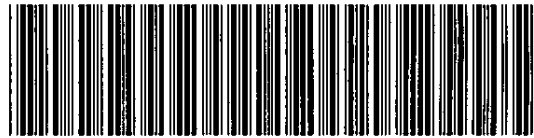
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04/17/08--01047--009 **43.75

Amend

FILED

08 APR 17 AM 10:30

CLERK OF STATE
TALLAHASSEE, FLORIDA

T. Roberts APR 23 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: VICTOR NOEL ALVARADO MEDICAL DOCTOR INC

DOCUMENT NUMBER: P07000043556

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

Please return all correspondence concerning this matter to the following:

LEDA A. ALVARADO
(Name of Contact Person)

VICTOR NOEL ALVARADO MEDICAL DOCTOR INC
(Firm/ Company)

2160 WHISPER LAKES BOULEVARD
(Address)

ORLANDO,FL 32837-6762
(City/ State and Zip Code)

For further information concerning this matter, please call:

LEDA A. ALVARADO at (407) 438-9390
(Name of Contact Person) (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

VICTOR NOEL ALVARADO MEDICAL DOCTOR INC .

(Name of corporation as currently filed with the Florida Dept. of State)
FILED
08 APR 17 AM 10:31
DEPT. OF STATE
TALLAHASSEE, FLORIDA

P07000043556

(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)**

1.CORPORATION ONLY OWNER IS VICTOR NOEL ALVARADO MEDICAL DOCTOR
WHO IS THE ONLY LEGALLY AND FINANCIALLY RESPONSIBLE.

NOT LONGER WILL BE REQUIRED TO HAVE MEETING AFTER THE CHANGES
DONE ON 04/01/2008 THAT CLEARLY WAS DECIDED BY ME.

2.MRS.LEDA A. ALVARADO WAS HIRED WITH THE TITLE OF OFFICE
MANAGER .3.GREGORY N.ALVARADO WAS REMOVED FROM THE
HONORIFIC POSITION WHO WAS HOLDING

(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)

FORM 8832 WILL BE ELECTED A DOMESTIC ELIGIBLE ENTITY WITH A
SINGLE OWNER ELECTING TO BE DISREGARDED AS A SEPARATE
ENTITY.EFFECTIVE ON 04/01/2008.I AM THE OWNER AND ONLY PERSON LIABLES.

(continued)

7 The date of each amendment(s) adoption: 04/01/2008

Effective date if applicable: 04/01/2008
(no more than 90 days after amendment file date)

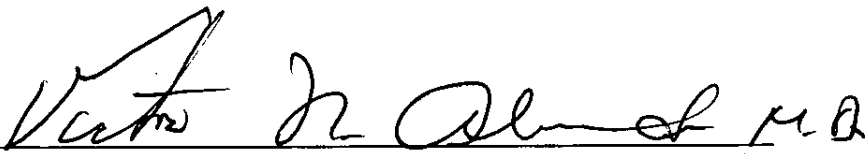
Adoption of Amendment(s) **(CHECK ONE)**

- ☐ 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
100."
(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.

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)

VICTOR NOEL ALVARADO MEDICAL DOCTOR

(Typed or printed name of person signing)

OWNER/PRES/TREAS/SECRET

(Title of person signing)

FILING FEE: \$35