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COVER LETTER

TO: Amendment Section A Division of Corporations

NAME OF CORPORATION: Cardiology	Healthcare of So	uth Florida, Corp.
DOCUMENT NUMBER: P0700008353		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Brooks C. Miller		
	Name of Contact Person	1
Brooks C. Miller,	P.A.	
	Firm/ Company	
200 S. Biscayne	Blvd., Suite 430	0
	Address	
Miami, Florida 33	131	
	City/ State and Zip Cod	e
bmiller@brooksmiller	r.com	
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
Brooks C. Miller	at (305	372-0900
Name of Contact Person	Arca Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\times \text{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	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle

Articles of Amendment to Articles of Incorporation of



Cardiology Healthcare of South Florida, Corp.

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

P07000083536

P07000083536		
(Document	t Number of Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, this Florida Profit Corporation a	adopts the following amendment(s) to
A. If amending name, enter the new name	me of the corporation:	
	ain the word "corporation," "company," or "incorpation "Corp," "Inc," or "Co". A professional corporion," or the abbreviation "P.A."	
B. Enter new principal office address, i (Principal office address MUST BE A ST	f applicable: <u>REET ADDRESS</u>)	
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O	cable: DFFICE BOX)	
D. If amending the registered agent and new registered agent and/or the new	d/or registered office address in Florida, enter the na v registered office address:	ome of the
Name of New Registered Agent	Brooks C. Miller, P.A.	··-
	200 S. Biscayne Blvd., Suite 4300 (Florida street address)	<u>)</u>
New Registered Office Address:	Miami, Florid	_a 33131
	(City)	(Zip Code)
· · · · · · · · · · · · · · · · · · ·	hanging Registered Agent: ered agent. I am familiar with and accept the obligation enature of New Registered Agent, if changing	ons of the position.

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: XChange	<u>PT</u>	John Doc	
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>Addres</u> s
1) X Change Add Remove	PD	Vicky Diego-Montalvo	9220 Sunset Dr., Suite 207 Miami, Florida 33173
2) × Change Add Remove	SD	Joaquin N. Diego, M.D.	9220 Sunset Dr., Suite 207 Miaml, Florida 33173
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

attach additional sheets, if necessary).	(Be specific)					
						
						
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f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassific adment if not co	ation, or cantained in	nncellation the amend	of issued sl Iment itself:	hares,	
		<u> </u>				
						_
			<u></u>			

The date of each amendment	(s) adoption: June 28, 2012
Effective date if applicable:	June 28, 2012
Enective and a management.	(no more than 90 days after amendment file date)
Adoption of Amendment(t)	CHECK ONE
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	41
	(voting group)
The amendment(s) was/wer action was not required.	te adopted by the hoard of directors without shareholder action and shareholder
action was not required.	re adopted by the incurporators without shareholder action and shareholder
Jur	ne 28, 2012
Signature /	Diego montal
s: (E	By a director, president or other officer — if directors or officers have not been elected, by an incurporator — if in the hands of a receiver, trustee, or other court phointed fiduciary by that fiduciary)
	VICKY DIEGO-MONTALYO
	(Typed or printed name of person signing)
•	President/Director
	(Title of nesson signing)