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COVER LETTER

TO: Amendment Se Division of Co	rporations					
NAME OF CORPO	DRATION: West	Kendall Medical	Center, Inc.			
DOCUMENT NUM	MBER: 2070(00103008	····			
The enclosed Article	es of Amendment and fee an	e submitted for filing.				
Please return all cor	respondence concerning this	matter to the following:				
	Richard V	Bonilla				
•	Na	me of Contact Person				
	West Kendall Mod	ical Center, Inc.	***************************************			
		Firm/ Company				
_	16510 S.W. 96	, terrace.				
		Address				
_	Miand, FL. 3	3196				
	` Cit	y/ State and Zip Code				
Rich	hardBonelland WK	-medicalcenter.com				
	E-mail address: (to be used	for future annual report notification)				
For further informat	ion concerning this matter, p	blease call:				
Richard Bo	. 10		سبعر سوره			
	f Contact Person	at (305) 345-2 Area Code & Daytime Tel				
		ade payable to the Florida Depar	•			
\$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 Add	iress	Street Address				
Amendment		Amendment Section				
Division of (•	Division of Corporations	Division of Corporations			
P.O. Box 632		Clifton Building	_			
Tallahassee,	FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of West Kendal Medical Center, Frc. (Name of Corporation as currently filed with the Florida Dept. of State) (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:

fessional association," or the	
T ADDRESS)	
CE BOX)	
egistered office address in F tered office address:	lorida, enter the name of the
(Florida street add	ress)
	, Florida
(City)	(Zip Code)
g Registered Agent:	accept the obligations of the positi
	egistered office address in F stered office address: (Florida street address) (City) In Registered Agent:

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>	Name	Address	Type of Action
<u>S</u>	Valoria Badea	13550 Sw. 88 Street Stite 180 Mami, FC. 33186	Add Remove
(attach ad	iditional sheets, if necessary). (Be sp	ecific)	
provisio	nendment provides for an exchange, ons for implementing the amendment	reclassification, or cancellation of if not contained in the amendmen	issued shares, t itself:
(if no	ot applicable, indicate N/A)		

The date of each amendment	t(s) adontion:	10/1	2/2	2011		
Effective date if applicable						
Effective date <u>if applicable</u> :	(no more than s	90 days after a	mendi	ment file dat	re)	
Adoption of Amendment(s)	(CH	IECK ONE)				
The amendment(s) was/we by the shareholders was/we	•		The 1	number of v	otes cast for t	he amendment(s)
The amendment(s) was/we must be separately provide						
"The number of votes	cast for the amen	dment(s) was/	were s	sufficient for	r approval	
by	(voting group)			**		
The amendment(s) was/we action was not required.	re adopted by the	board of direc	ctors v	vithout share	eholder action	and shareholder
The amendment(s) was/we action was not required.	re adopted by the	incorporators	witho	out sharehold	ler action and	shareholder
Dated_\O	112/201	1				
sele	a director, presidented, by an incorpointed fiduciary l	porator - if in	the ha			
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	Pre	esident	0	wher	···	
	(Title o	f person signir	ıg)			