

P07000122847

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Amend

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR 19 PM 12:53

T. Roberts MAR 23 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WEST DADE SURGERY CENTER, INC ■

DOCUMENT NUMBER: P07000122847 ■

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

Please return all correspondence concerning this matter to the following:

IVAN CORO
(Name of Contact Person)

WEST DADE SURGERY CENTER, INC
(Firm/ Company)

8506 SW 8 ST SUITE 246
(Address)

MIAMI FLORIDA 33144
(City/ State and Zip Code)

For further information concerning this matter, please call:

IVAN CORO at (305) 244 2546
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR 19 PM 12:53

WEST DADE SURGERY CENTER INC +

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

P07000122847 +

(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:

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

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 applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

AIMEE DE LA ROSA

1385 SW 20 ST MIAMI FLORIDA 33175 +

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

D. If amending 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: _____

New Registered Office Address: _____

(Florida street address)

_____, Florida
(City) (Zip Code)

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

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRESID <input type="checkbox"/>	IVAN CORO	9481 HOLYDAY ROAD CUTLER BAY FLORIDA 33157 <input type="checkbox"/>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
SECRET <input type="checkbox"/>	IVAN CORO	9481 HOLYDAY ROAD <input type="checkbox"/> CUTLER BAY FLORIDA 33157 <input type="checkbox"/>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PRESID <input type="checkbox"/>	AIMEE DE LA ROSA	13985 SW 20 ST <input type="checkbox"/> MIAMI FLORIDA 33175 <input type="checkbox"/>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

ARTICLE VII MUST CHANGE SHOWING AIMEE DE LA ROSA AS PRESIDENT AND SECRETARY

F. If an amendment provides for an 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)

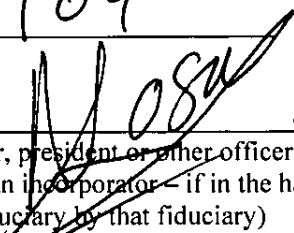
The date of each amendment(s) adoption: 12/31/2008

Effective date if applicable: 12/31/2008
(no more than 90 days after amendment file date)

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

- The amendment(s) was/were adopted 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 _____.”
(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.

Dated 3/01/09
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)

Arnee DE LA ROSA
(Typed or printed name of person signing)
President/Secretary
(Title of person signing)