P08000045713

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SECRETARY OF STATE
NOTICE OF CORPORATIONS

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'JUL 6 2016

C LEWIS

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Vital Care Medical Center, INC DOCUMENT NUMBER: P08000045713
DOCUMENT NUMBER: 1080000 45 (115)
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Adam Berry, MD
Adam Berry, MD Name of Contact Person Vital Carc Medical Center, Drc
2188 Jog Rel.
Breenaces, FL 33415 City/ State and Zip Code
City/ State and Zip Code
Jerisa berry @ Smail. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Adam Berry, MD 311 425 8245
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:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is cnclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

FILED SECRETARY OF STATE UIVISION OF CORPORATION

	f . Styling of Control
Vital Care Medical	Center, IN C 2016 JUN 30 PM 2: 17
	tly filed with the Florida Dept. of State)
P08000451	113_
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporati" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2188 Jon Road
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Greenars, FL 33415
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2188 Jug Road Geenars, FL 33415
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
2188	Tog Road
New Registered Office Address: (Florida s	rreel address) , Florida 384,15 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familian	

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: X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u> . Add	<u>res</u> s
1) Change	Contract of the contract of th	I Hadh Dr.
Add	$\overline{\omega}_e$	ot palmbach, FL 33415
Remove		
2) Change	V Enrique Gonzalez Le	of Hugh Dr.
Add	<u>u</u>	of Huah Dr. Lot Palm Bech, Fl83415
Remove		
3) Change	PCEO Adam Berry, MD 33	30 Fainhild Godens Avr
Add		31944 35420 - Ran Beach, FL 33420
Remove		
4) Change		30 Fairchild Gardens Ave
X Add		1944
Remove	West	Palm Beach, FL33420
5) Change		And the second s
Add		AAD AAD
Remove		
6) Change		
Add		
Remove		

Attach ada	litional sheets	additional Ar , if necessary)	. (Be speci	ific)				
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(if no	t annlicable i	indicate N/A)					-	
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The date of each amendment(s) adoption:	collaboration		
date this document was signed.	- 4 holit		r than th
Effective date <u>if applicable</u> :	$u(u)\varphi$	SECRETARY OF STATE DEVISION OF CORPORATE	({: † ≠
	(no more than 90 days after a	mendment file date) 2016 JUN 30 PM 2:	17
Note: If the date inserted in this block does not document's effective date on the Department of	ot meet the applicable statutory State's records.	filing requirements, this date will not be list	ed as th
Adoption of Amendment(s) (CH	IECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of von	otes cast for the amendment(s)	
☐ The amendment(s) was/were approved by the must be separately provided for each voting	e shareholders through voting gr group entitled to vote separated	roups. The following statement ly on the amendment(s):	
"The number of votes cast for the amen	ndment(s) was/were sufficient fo	r approval	
by		.,,	
(voi	ting group)		
The amendment(s) was/were adopted by the action was not required.	board of directors without share	holder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	incorporators without sharehold	er action and shareholder	
Dated_ Cellell	e		
Signature S	1		
(By a director, presi	ident or other officer - if directo		
selected, by an inco	orporator – if in the hands of a real by that fiduciary)	eceiver, trustee, or other court	
Ada	um Berry		
((Typed or printed name of perso	n signing)	_
Prest	dant LED		

(Title of person signing)