P08000070564

Florida Department of State
Division of Corporations
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COR AMND/RESTATE/CORRECT OR O/D RESIGN

DEL PRADO MEDICAL CENTER, INC

Certificate of Status	0
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Page Count	05
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S. TALLENT
FEB 27 2017

Amend

Electronic Filing Menu Corporate Filing Menu Help

February 24, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DEL PRADO MEDICAL CENTER, INC
2500 DEL PRADO BLVD S
CAPE CORAL, FL 33904

SUBJECT: DEL PRADO MEDICAL CENTER, INC
REF: P08000070564

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE DATES ON PAGE 4 OF 4 OF THE AMENDMENT FORM ARE NOT LEGIBLE TO IMAGE. PLEASE CORRECT DATES AND RESUBMIT THE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

FAX Aud. #: H17000052103
Letter Number: 617A00003608

17 FEB 24 PM 4:35

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Articles of Amendment
to
Articles of Incorporation
of

Del Prado Medical Center, Inc

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

P08000070564

(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:

(NO NAME CHANGE) *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)

(remains unchanged)

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

(remains the same)

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TALLAHASSEE, FLORIDA

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 Daisy Martinez

2500 Del Prado Blvd S.,
(Florida street address)

New Registered Office Address: Cape Coral *(City)*, Florida 33904 *(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.

(X)

Signature of New Registered Agent, if changing
Daisy Martinez

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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)	Title	Name	Address
1) ___ Change X Add ___ Remove	Pres	Daisy Martinez	2500 Del Prado Blvd. S. Cape Coral, FL. 33904
2) ___ Change X Add ___ Remove	Sec	Daisy Martinez	
3) ___ Change ___ Add X Remove	Pres	Julio Cesar Reyes Gavilan	2500 Del Prado Blvd S. Cape Coral, FL. 33904
4) ___ Change X Add ___ Remove	V-Pres	Julio Cesar Reyes Gavilan	2500 Del Prado Blvd S. Cape Coral, FL. 33904
5) ___ Change ___ Add ___ Remove			
6) ___ Change ___ Add ___ Remove			

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E. If amending or adding additional Articles, enter change(s) here:
(Attach *additional sheets, if necessary*). *(Be specific)*

N/A

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)

N/A

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The date of each amendment(s) adoption: ______ ______________________, if other than the date this document was signed.

Effective date if applicable: ______________________________
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 2/24/17

Signature X [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)

Julio Cesar Reyes Gavilan M.D.
(Typed or printed name of person signing)

V-President
(Title of person signing)

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