

PO800007086P

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(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

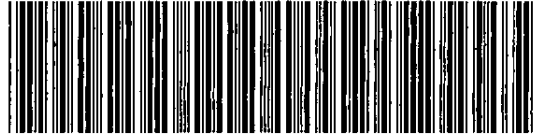
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08/25/08--01023--021 **43.75

Amend

FILED

08 SEP -9 PM 3:35

CLERK OF SUPERIOR COURT
JANUARY 15, 2009

T. Roberts SEP 09 2008



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2008

LUIS N. VINALS
ROSARIO ACCOUNTING AND TAX SERVICES, INC
3825 W 16 AVE STE 2
HIALEAH, FL 33012

SUBJECT: FUSTER HEALTH MEDICAL NETWORK, INC.
Ref. Number: P08000070868

We have received your document for FUSTER HEALTH MEDICAL NETWORK, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 408A00047695

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FUSTER HEALTH MEDICAL NETWORK INC

DOCUMENT NUMBER: P08000070868

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

Please return all correspondence concerning this matter to the following:

LUIS N. VINALS

(Name of Contact Person)

ROSARIO ACCOUNTING AND TAX SERVICES, INC

(Firm/ Company)

3825 W 16 AVE SUITE 2

(Address)

HIALEAH, FL 33012

(City/ State and Zip Code)

For further information concerning this matter, please call:

LUIS N. VINALS

(Name of Contact Person)

at (305) 722-0631

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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 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**

FUSTER HEALTH MEDICAL NETWORK, INC.

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

P08000070868

(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:

NEW CORPORATE NAME (if changing):

N/A

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

ARTICLE VII

The initial officer(s) and/or director(s) of the corporation is/are:

<u>Title: P</u>	<u>Title: VP</u>	<u>Title: S</u>
<u>PASTOR FUSTER</u>	<u>MARIA V FUSTER</u>	<u>PASTOR FUSTER JR</u>
<u>3380 SW 109 AVE</u>	<u>3380 SW 109 AVE</u>	<u>3901 SW 109 TH AVE</u>
<u>MIAMI, FL 33186</u>	<u>MIAMI, FL 33186</u>	<u>MIAMI, FL 33165</u>

(Attach additional pages if necessary)

If an amendment provides for 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

(continued)

RECEIVED
2008 SEP - 9 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
08 SEP - 9 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 08/19/2008

Effective date if applicable: 08/19/2008
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were approved 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.

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)

PASTOR FUSTER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35