

P08 0000093706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

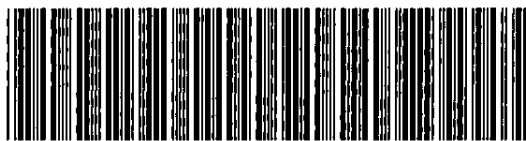
(Business Entity Name)

(Document Number)

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11/06/08--01003--003 \*\*35.00

*Amend  
Thurs  
11-6-08*

2008 NOV -3 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: HANLEY MEDICAL CENTER, INC +

DOCUMENT NUMBER: P08000093706 +

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

Please return all correspondence concerning this matter to the following:

ROBERT F COHEN CPA  
(Name of Contact Person)

ROBERT F COHEN CPA PA  
(Firm/ Company)

2918 BUSCH LAKE BLVD  
(Address)

TAMPA, FL 33614  
(City/ State and Zip Code)

For further information concerning this matter, please call:

ROBERT F COHEN CPA at ( 813 ) 932-7415  
(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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

RECEIVED  
2008 OCT 29 AM 8:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

TO: Thelma Lewis

FROM:

**ROBERT F. COHEN, P.A.**  
**Certified Public Accountant**  
2918 Busch Lake Boulevard  
Tampa, FL 33614  
(813) 932-7415  
FAX (813) 935-6868

**MESSAGE**

SUBJECT

Harley Medical Center

DATE

10-27-08

FOLD

Dear Ms Lewis,

Per our conversation on Friday,  
October 24<sup>th</sup>, please apply the \$35.00  
check on file to this corrected  
filing.

Thank you in advance  
for your attention.

Sincerely,

Robert F Cohen CPA

SIGNED

TO: Thelma Lewis

FROM:

**ROBERT F. COHEN, P.A.**  
**Certified Public Accountant**  
2918 Busch Lake Boulevard  
Tampa, FL 33614  
(813) 932-7415  
FAX (813) 935-6868

**MESSAGE**

SUBJECT

Hailey Medical Center

DATE

10/31/08

FOLD

Dr. Ms. Lewis,

As per our 2<sup>nd</sup> phone  
conversation, here is the additional  
\$35.00 that corresponds with the amendment  
you should be holding.

Thank you for your attention

Robert F. Cohen CPA.

SIGNED

Oct. 27. 2008 11:46AM

ROBERT COHEN CPA

No. 3826 **FILED**

2008 NOV -3 PM 4: 14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

HANLEY MEDICAL CENTER, INC

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

P08000093708

(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**)

8316 HANLEY RD STE 3

TAMPA, FL 33634

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

8316 HANLEY RD STE 3

TAMPA, FL 33634

**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:

JORGE L. ESCOBAR

New Registered Office Address:

8316 HANLEY RD STE 3

(Florida street address)

TAMPA


(City)

Florida 33634

(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>
P	CARLOS J. MONTES	8614 HANLEY RD TAMPA, FL 33634	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	JORGE L. ESCOBAR	8316 HANLEY RD STE 3 TAMPA, FL 33634	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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 IV:

The number of shares the corporation is authorized to issue is 1000.

**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: OCTOBER 23, 2008

Effective date if applicable: OCTOBER 23, 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 10-27-08

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)

Jorge L. Escobar

(Typed or printed name of person signing)

President

(Title of person signing)