

P08000100959

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000245627 3)))



H120002456273ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
COMPLETE MEDICAL OF FLORIDA, INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$35.00 |

RECEIVED

12 OCT -9 AM 8:34

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
12 OCT -9 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 10 2012

T. LEMIEUX

H12000245627.

Articles of Amendment
to
Articles of Incorporation
of

COMPLETE MEDICAL OF FLORIDA, INC.

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

P08000100959

(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)

7811 CORAL WAY

SUITE 132

MIAMI, FL 33155

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

7811 CORAL WAY

SUITE 132

MIAMI, FL 33155

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: CRISTINA FRANCO

7811 CORAL WAY SUITE 132

(Florida street address)

New Registered Office Address: MIAMI, Florida 33155
(City) (Zip Code)

FILED
12 OCT -4 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REGISTERED AGENT ACCEPTANCE

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

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 PT 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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|--|-------|--------------------|--|
| 1) <input checked="" type="checkbox"/> Change ____ Add ____ Remove | VP | MARJORIE RODRIGUEZ | 7811 CORAL WAY SUITE 132 MIAMI, FL 33155 |
| 2) ____ Change <input checked="" type="checkbox"/> Add ____ Remove | P | CRISTINA FRANCO | 7811 CORAL WAY SUITE 132 MIAMI, FL 33155 |
| 3) ____ Change ____ Add ____ Remove | ____ | ____ | ____ |
| 4) ____ Change ____ Add ____ Remove | ____ | ____ | ____ |
| 5) ____ Change ____ Add ____ Remove | ____ | ____ | ____ |
| 6) ____ Change ____ Add ____ Remove | ____ | ____ | ____ |

H12000245627

The date of each amendment(s) adoption: OCTOBER 5, 2012

Effective date if applicable: OCTOBER 5, 2012

(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 OCTOBER 5, 2012

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)

MARJORIE RODRIGUEZ

(Typed or printed name of person signing)

PRESIDENT/INCORPORATOR

(Title of person signing)