

PD90000018048

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

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10 MAR - 1 PM 2:13

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
@ 3/2/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARIB MEDICAL CENTER, INC.
Name of Corporation

DOCUMENT NUMBER: P09000018048

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEANE RUSSELL
Name of Contact Person

CARIB MEDICAL CENTER, INC.
Firm/Company

1678 W. HILLSBORO BLVD
Address

DEERFIELD BEACH, FL, 33442
City/State and Zip Code

caribmedical28@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEANE RUSSELL at (954) 571-6636
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2010

JEANE RUSSELL
CARIB MEDICAL CENTER, INC.
1678 W. HILLSBORO BLVD
DEERFIELD BEACH, FL 33442

SUBJECT: CARIB MEDICAL CENTER, INC.
Ref. Number: P09000018048

We have received your document for CARIB MEDICAL CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 410A00003852

RECEIVED
2010 MAR -1 AM 8:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

CARIB MEDICAL CENTER, INC.

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

P09000018048

(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**)

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

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

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:

JEANE RUSSELL

New Registered Office Address:

1678 W. HILLSBORO BLVD

(Florida street address)

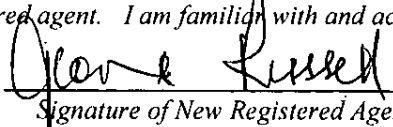
DEERFIELD BEACH

(City)

Florida 33442
(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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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>
<u>P</u>	<u>JEAN RUSSELL</u>	<u>6749 ARBOR DRIVE</u> <u>MIRAMAR, FL 33023</u>	☐ Add ☐ Remove
<u>SD</u>	<u>BRENDA LAYNE</u>	<u>8900 W SAMPLE ROAD</u> <u>CORAL SPRINGS FL 33065</u>	☐ Add ☒ Remove
<u> </u>	<u> </u>	<u> </u>	☐ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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: 02/16/2010
(date of adoption is required)
Effective date if applicable: 02/16/2010
(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 02/25/2010

Signature Jeane Russell
(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)

JEANE RUSSELL

(Typed or printed name of person signing)

PRESIDENT / DIRECTOR

(Title of person signing)