

P 090000018048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

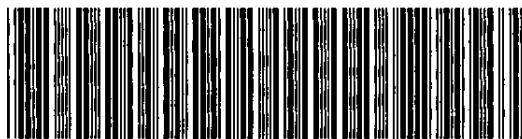
(Business Entity Name)

(Document Number)

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10/10/12--01020--002 **35.00

10/23/12 RW
And

FILED
12 OCT 19 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Carib Medical Center Inc.

DOCUMENT NUMBER: P09000018048

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

Please return all correspondence concerning this matter to the following:

Jean Russell

Name of Contact Person

Carib Medical Center

Firm/ Company

126 N. Flagler Ave.

Address

Pompano Beach, Fla. 33060

City/ State and Zip Code

Jeannerussell@rocketmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda Layne

Name of Contact Person

at (754) 244-9580

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$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)

*already
Paid
this is
a Correction*

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

12 OCT 19 AM 9:59

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2012

JEAN RUSSELL
CARIB MEDICAL CENTER INC.
126 N. FLAGLER AVE.
POMPANO BEACH, FL 33060 US

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 only recieved page 1 & 3 of the amendment documents. The forms must becompleted in their entirety before an amendment to the articles can be processed. Enclosed are the missing pages.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

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) 245-6820.

Rebekah White
Regulatory Specialist

Letter Number: 312A00025393

FILED
12 OCT 19 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED

Carib Medical Center Inc.

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

109000018048

(Document Number of Corporation (if known))

12 OCT 19 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**)

126 N. Flagler Ave
Pompano Beach
Fl. 33060

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

126 N. Flagler Ave.
Pompano Beach
Fl. 33060

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

Jean Russell

126 N. Flagler Ave

(Florida street address)

New Registered Office Address:

Pompano Beach

(City)

Florida 33060

(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.

Jean Russell

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)

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

N/A.

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>Change</u>	_____	_____	_____
<u>Add</u>	_____	_____	_____
<u>Remove</u>	_____	_____	_____
2) <u>Change</u>	_____	_____	_____
<u>Add</u>	_____	_____	_____
<u>Remove</u>	_____	_____	_____
3) <u>Change</u>	_____	_____	_____
<u>Add</u>	_____	_____	_____
<u>Remove</u>	_____	_____	_____
4) <u>Change</u>	_____	_____	_____
<u>Add</u>	_____	_____	_____
<u>Remove</u>	_____	_____	_____
5) <u>Change</u>	_____	_____	_____
<u>Add</u>	_____	_____	_____
<u>Remove</u>	_____	_____	_____
6) <u>Change</u>	_____	_____	_____
<u>Add</u>	_____	_____	_____
<u>Remove</u>	_____	_____	_____

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

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

Address change only.

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)

Address change only.

The date of each amendment(s) adoption: 10/10/12

Effective date if applicable: 10/10/12
(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 10/10/12

Signature Jean M. 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)

Jean M. Russell
(Typed or printed name of person signing)

President
(Title of person signing)