# P09000028476

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SECRETARY OF STATE

ARD FILED 14 MAR -7 AM 9: 52

C. LEWIS MAR 1 0 2014 EXAMINER

### **COVER LETTER**

Division of Corporations NAME OF CORPORATION: HDH MEDICAL CENTER INC P09000028476 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SERAFIN LOPEZ SANCHEZ Name of Contact Person Firm/ Company 7911 NW 72nd Avenue Suite 109A-B Address Medley, Florida 33166 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SERAFIN LOPEZ SANCHEZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State:

## **Mailing Address**

■ \$35 Filing Fee

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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## Street Address

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Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□\$52.50 Filing Fee

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APPROVEU AND FILED

# Articles of Amendment to Articles of Incorporation of

14 MAR -7 AM 9: 53

SECRETARY OF STATE TALL AHASSEE, FLORIDA

HDH MEDICAL CENTER INC	Managare
(Name of Corporation as currently filed with the	Florida Dept. of State)
P09000028476	
(Document Number of Corporation (	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation" ("Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
D. Code a considerable of the bloom of the bloom	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address Familiable.	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent SERAFIN LOP	EZ SANCHEZ
	Ave Suite 109 A-B
	treet address)
MEDIEV	Florida 33166
New Registered Office Address:  VIEDLE 1	Florida (Zip Code)
	, , , , , , , , , , , , , , , , , , , ,
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>
l hereby accept the appointment as registered agent. Lam 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)

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 <math>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	<u>PT</u>	John Doe	<b>:</b>	
X Remove	<u>v</u>	Mike Jon	<u>nes</u>	
_X Add	<u>sv</u>	Sally Sm	<u>íth</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	Р		SERAFIN LOPEZ SANCHEZ	7911 NW 72nd Ave
Add				SUITE 109 A-B
Remove				MEDLEY, FL 33166
2) Change	<u>v</u>		ACIREMA RODRIGUEZ	7911 NW 72nd Ave
Add				SUITE 109 A-B
Remove				MEDLEY, FL 33166
3) Change		_		
Add				
Remove			•	
4) Change				
∧dd				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

	icles, enter change(s) here: (Be specific)	
/A <sup>*</sup>		
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If an amendment provides for an exch	ange, reclassification, or concellation of issued shares.	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the amer (if not applicable, indicate N/A)		
provisions for implementing the amer (if not applicable, indicate N/A)		
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provisions for implementing the amer (if not applicable, indicate N/A)		

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The date of each amendment(s) adoptio	n. 03/04/2014	14 MAR -7 AM 9: 53	, if other than the
date this document was signed.		SECRETARY OF STATE TALL AHASSEE, FLORIDA	
Effective date <u>if applicable</u> :	(no more than 90 day	s after amendment file date)	_
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The num at for approval.	her of votes cast for the amendment(s)	
The amendment(s) was/were approved must be separately provided for each		voting groups. The following statement separately on the amendment(s):	
"The number of votes cast for the	e amendment(s) was/were suf	ficient for approval	
by			
	(voting group)		
The amendment(s) was/were adopted baction was not required.	by the board of directors with	out shareholder action and shareholder	
The amendment(s) was/were adopted laction was not required.	by the incorporators without s	hareholder action and shareholder	
Dated 03/04/2014			
		_	
Signature	r president of other officer -	if directors or officers have not been	
· •		ds of a receiver, trustee, or other court	
appointed fic	luciary by that fiduciary)		
SEF	RAFIN LOPEZ SANCH	IEZ	
	(Typed or printe	d name of person signing)	
PRE	SIDENT		
<del></del>	(Title of	person signing)	