P09000028476

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300258827363

04/11/14--01006--006 **35.00

SECRETARY OF STATE
TALL APRIL 1 PH 2: 01

Amund

APR 1 7 2014 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HDH ME DOCUMENT NUMBER: P0900002		ER
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
SERAFIN LO	PEZ SANCHE	Z
	Name of Contact Perso	n
7911 NW 72r	Firm/ Company	99 A-R
MEDLEY, FL	Address	
	City/ State and Zip Cod	e
E-mail address: (to be	e used for future annual report	notification)
For further information concerning this matter, pl	ease call:	
Serafin Lopez Sanchez	_{at (} 786	, 516-0690
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	de payable to the Florida Dep	artment of State:
■ \$35 Filing Fee See Sertificate of Status		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



14 APR 11 PH 2:01

HDH MEDICAL CENTER INC.

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

P09000028476

(Document Number of Corporation (if known)

endment(s) to

. If amending name, enter the new na	ame of the corporation	<u>:</u>		
√A				
me must be distinguishable and com Torp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	ation "Corp." "Inc."	or "Co". A professio		
12-4	*6 1/au blo	N/A		
Enter new principal office address, rincipal office address MUST BE A S				
				· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A		
Imaning wantess mar be at the	OITICI, BOX)		·	
				
			ter the name	of the
If amending the registered agent an new registered agent and/or the new	w registered office add		ter the name	of the
			ter the name	of the
new registered agent and/or the new	w registered office add		ter the name	of the
new registered agent and/or the new	w registered office add		ter the name	of the
new registered agent and/or the new	w registered office add N/A (Florid	ress: a street address)	ter the name	
new registered agent and/or the new Name of New Registered Agent	w registered office add N/A (Florid	ress:		e of the
Name of New Registered Agent	w registered office add N/A (Florid	ress: a street address)		
Name of New Registered Agent	w registered office add N/A (Florid	ress: la street address)		

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 Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	V	ACIREMA RODRIGUEZ	7911 NW 72nd AVE
Add			STE 109 A-B
Remove			MEDLEY, FL 33166
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			•
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	iaitional she	ets, if necessary	v). (Be specif	(C)			
\		•					
							
						·	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	_						
		<u></u>					
			·				
							
	_						
f an ame	endment p <u>r</u> e	ovides for an e	xchange, recla	ssification, or	cancellation o	f issued shares,	
<u>provisio</u>	<u>ns for impl</u>	ementing the a	<u>mendment if r</u>	ot contained i	n the amendm	ent itself:	
		le, indicate N/A)				
	NA						
			-				
			·	····		-	

The date of each amendment(s)	adoption: 04/07/2014	, if other than the
date this document was signed.		•
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	4/3/2014	
Signature	(- 10) 	
(By a selec	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	SERAFIN LOPEZ SANCHEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	