

P09000033440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

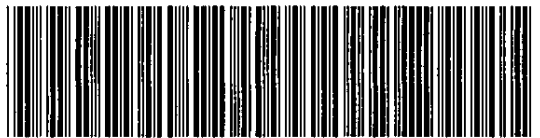
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 SEP 10 PM 12:53

Amend
@ 9/14/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: VIOMAR HEALTH CENTER INC

DOCUMENT NUMBER: P09000033440

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

Please return all correspondence concerning this matter to the following:

RUBEN MARICHAL

Name of Contact Person

VIOMAR HEALTH CENTER INC

Firm/ Company

1800 SW 1 ST SUITE 318

Address

MIAMI, FL 33135

City/ State and Zip Code

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

For further information concerning this matter, please call:

RUBEN MARICHAL

Name of Contact Person

at (305)

456-9211

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)

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

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Articles of Amendment
to
Articles of Incorporation
of

VIOMAR HEALTH CENTER INC

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

P09000033440

(Document Number of Corporation (if known))

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
09 SEP 10 PM 12:53

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:

CARLOS C PEREZ

New Registered Office Address:

1800 SW 1 ST SUITE 318

(Florida street address)

MIAMI

(City)

Florida FL 33135

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and accept the obligations of the position.

CARLOS CAMILO PEREZ M.D.

DEA: BP3697820

MD LIC: ME66993

Signature of New Registered Agent, if changing

R-1

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>
P	CARLOS C PEREZ	1800 SW 1 ST SUITE 318 MIAMI, FL 33135	☒ Add ☐ Remove
P	RUBEN MARICHAL		☐ Add ☒ Remove
			☐ Add ☐ Remove

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

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

[Handwritten diagonal lines across the section, indicating no changes or additional articles to be added.]

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)

[Handwritten diagonal lines across the section, indicating no provisions for implementing the amendment.]

RM

The date of each amendment(s) adoption: 08/28/2009

(date of adoption is required)

Effective date if applicable:

(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 + 8-31-2009

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)

RUBEN MARICHAL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)