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Amend

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ANGELA M. RODRIGUEZ M.D., P.A.			
DOCUMENT NUMBER:	1ENT NUMBER: P09000042258			
The enclosed Articles of Amenda	ent and fee are submitted for filing.			
Please return all correspondence	oncerning this matter to the following:			
•	MAX A. ADAMS, ESQ.			
	Name of Contact Person			
	THE MEDILAW FIRM			
	Firm/ Company			
	1400 NW 10TH AVENUE			
	Address			
	MIAMI, FLORIDA 33136			
	City/ State and Zip Code			
E-mail ad	max@themedilawfirm.com ress: (to be used for future annual report notification)			
For further information concerning	this matter, please call:			
Max A. Adams	at (305) 549-7281 Area Code & Daytime Telephone Number			
	ng amount made payable to the Florida Department of State:			
	-	ed)		
Mailing Address Amendment Section	Street Address Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment Articles of Incorporation

ANGELA M. RODRIGUEZ, M.D., P.A.

P09000042258

	Articles of Amendment	A. Dept. of State) A. Dept. of State n)
	to Articles of Incorporation	in the
	of	OFC C
ANGELA M. RC	DRIGUEZ, M.D., P.	A. TALLERET AN.
(Name of Corporation as curre		Dept. of State)
P09	000042258	E. F. OFTE
(Document Num	ber of Corporation (if know	n)
Pursuant to the provisions of section 607.1006 mendment(s) to its Articles of Incorporation:	5, Florida Statutes, this Florida	rida Profit Corporation adopts the followin
a. If amending name, enter the new name of	the corporation:	
ame must be distinguishable and contain t bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "proj	designation "Corp," "Inc,'	or "Co". A professional corporation
Enter new principal office address, if applerincipal office address MUST BE A STREE		· · · · · · · · · · · · · · · · · · ·
Tincipal vilice audiess mode de Aderele		
•	,	
. Enter new mailing address, if applicable:		
. Enter new mailing address, if applicable:		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u></u>	Florida, enter the name of the
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	CE BOX)	Florida, enter the name of the
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) . If amending the registered agent and/or re	CE BOX)	Florida, enter the name of the
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC If amending the registered agent and/or registered agent and/or the new regis	CE BOX)	Florida, enter the name of the
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC . If amending the registered agent and/or renew registered agent and/or the new regis	CE BOX)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent:	egistered office address in tered office address:	dress)
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC . If amending the registered agent and/or renew registered agent and/or the new registered agent.)	egistered office address in tered office address:	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent:	egistered office address in latered office address: (Florida street address)	dress)

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)

<u>Title</u>	Name	Address	Type of Action
<u>VP</u>	ANIBAL J. LOZA	2617 NE 14 AVE, UNIT 106 OAKLAND PARK FL 33334	_ □ Add _ ☑ Remove
			_
			_
(anach ac	dditional sheets, if necessary). (Be s	pectici	
	,		
provisio		, reclassification, or cancellation of interesting in the smendment	

The date of each amendmen	t(s) adoption: <u>11-30-2010</u>
• 0 •	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_11-3	30-2010
Signature_	som of today
	a director, president or other officer – if directors or officers have not been
sele	ected, by an incorporator – if in the hands of a receiver, trastee, or other court pointed fiduciary by that fiduciary)
арр	ionned inductary by that inductary)
	ANGELA M. RODRIGUEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)