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12/13/10--01005--004 \*\*35.00

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORE  | PORATION: ROSELL-                          | -HERNANDEZ MEDICAL (  | CENTER, CORP  |
|---|--|---|---|
|   |  |   |   |
| DOCUMENT NU   | MBER:                                      | P09000065241  |   |
| The enclosed Artic  | eles of Amendment and fee                  | are submitted for filing.   |   |
| Please return all co  | orrespondence concerning the               | his matter to the following:  |   |
|   | M  | AGALY GONZALEZ  |   |
|   |  | Name of Contact Person  |   |
|   | M & M .                                    | ACCOUNTING SERVICE  |   |
|   |  | Firm/ Company   |   |
|   | 53   | 70 PALM AVE STE 9   | <del></del>   |
|   |  | -   |   |
|   | ٠  |   | <b>1</b> 5  |
|   | : ` `                                      | HIALEAH FL 33012<br>City/ State and Zip Code  | <del></del>   |
| , .   | ,  | , , , , , , , , , , , , , , , , , , ,   |   |
|   | gonzale                                    | z1948@yahoo.com   |   |
|   | E-mail address: (to be us                  | ed for future annual report notification)   |   |
| For further informa   | ation concerning this matter               | , please call:  |   |
| MAG   | BALY GONZALEZ                              | at ( 305 ) 5  | 57-1662   |
| Name  | of Contact Person                          | Area Code & Daytime Te  | lephone Number  |
| Enclosed is a check   | for the following amount i                 | made payable to the Florida Depar   | tment of State:   |
| \$35 Filing Fee   | \$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Ad<br>Amendmen<br>Division of<br>P.O. Box 63<br>Tallahassee | t Section<br>Corporations                  | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301 | <br>le  |

### Articles of Amendment to **Articles of Incorporation** of

## FILED

# 2010 DEC 13 AM 10: 59

· ROSELL-HERNANDEZ MEDICAL CENTER, CORP. (Name of Corporation as currently filed with the Florida Dept. of State)

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

| P | 09000065241 |
|---|-------------|
|   |             |

(Document Number of Corporation (if known)

| A. If amending name, enter the new name o   | of the corneration          |  |
|---|-----------------------------|--|
| A. If amending name, enter the new name o   | or the corporation.         |  |
| name must be distinguishable and contain<br>abbreviation "Corp.," "Inc.," or Co.," or the<br>name must contain the word "chartered," "pro | e designation "Corp," "Inc, | ," or "Co". A professional corporation |
| B. Enter new principal office address, if app   |                             |  |
| (Principal office address <u>MUST BE A STREE</u>  | ET ADDRESS )                |  |
|   | <del></del>                 |  |
|   |                             |  |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)   |                             |  |
|   |                             |  |
|   |                             |  |
|   |                             | · · · · · · · · · · · · · · · · · · ·  |
| D. <u>If amending the registered agent and/or</u><br>new registered agent and/or the new reg  |                             | n Florida, enter the name of the       |
|   |                             | n Florida, enter the name of the       |
| new registered agent and/or the new reg   |                             | ······································ |
| Name of New Registered Agent:   | istered office address:     | ······································ |
| new registered agent and/or the new registered Agent:   | istered office address:     | ddress)                                |

Signature of New Registered Agent, if changing

| removed a    | g the Officers and/or Directors, enter to<br>nd title, name, and address of each Offi<br>litional sheets, if necessary) | ne title and name of each off<br>cer and/or Director being ac | icer/airector being<br>ided:          |
|--------------|---|---|---------------------------------------|
| <u>Title</u> | <u>Name</u>   | Address   | Type of Action                        |
| <u>VP</u>    | HUMBERTO HERNANDEZ  | 2455 SW 27 AVE<br>MIAMI FL 33145                              |                                       |
| <del></del>  |   |   |                                       |
|              |   |   |                                       |
|              |   |   |                                       |
|              |   |   |                                       |
| provisi      | mendment provides for an exchange, re<br>ons for implementing the amendment in<br>not applicable, indicate N/A)         |   |                                       |
|              | он аррисамс, такан түлү   |   |                                       |
|              |   |   |                                       |
|              |   |   | · · · · · · · · · · · · · · · · · · · |
|              |   |   | <del></del>                           |

| The date of each amendment                           | (s) adoption: 12/09/2010   |
|--|--|
| Effective date <u>if applicable</u> :                | (date of adoption is required)   |
| -  | (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s)                             | ( <u>CHECK ONE</u> )   |
| The amendment(s) was/wee by the shareholders was/wee | re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.   |
|  | re approved by the shareholders through voting groups. The following statemen d 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/wer action was not required.    | re adopted by the board of directors without shareholder action and shareholder  |
| The amendment(s) was/wer action was not required.    | re adopted by the incorporators without shareholder action and shareholder   |
| Dated 12/09  | 9/2010   |
| Signature  | A Comment of the comm |
| (By  | a director, president or other officer - if directors or officers have not been  |
| selec<br>appo  | cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)  |
|  | HUMBERTO HERNANDEZ   |
|  |  |
|  | (Typed or printed name of person signing)  |
|  | VP/DIR   |
|  | (Title of person signing)  |