

FD 9000078/106

(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

8320



700183638317

08/02/10--01024--003 **52.50

FILED
2010 AUG -2 PM12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amey
SL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ST. ISABEL MEDICAL CENTER INC **+**

DOCUMENT NUMBER: P09000078106 **+**

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

Please return all correspondence concerning this matter to the following:

DANIS NUNEZ

(Name of Contact Person)

ST. ISABEL MEDICAL CENTER INC **+**

(Firm/ Company)

2901 W ST. ISABEL ST

(Address)

TAMPA FLORIDA 33607

(City/ State and Zip Code)

For further information concerning this matter, please call:

DANIS NUNEZ

(Name of Contact Person)

at (786) 291-6140

(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

Articles of Amendment
to
Articles of Incorporation
of

FILED
2010 AUG -2 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ST. ISABEL MEDICAL CENTER INC

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

P09000078106

(Document Number of Corporation (if known))

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:

N/A

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)

2901 W ST. ISABEL ST

TAMPA FL 33607

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

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:

DANIS NUNEZ

New Registered Office Address:

2901 W ST. ISABEL ST

(Florida street address)

TAMPA

(City)

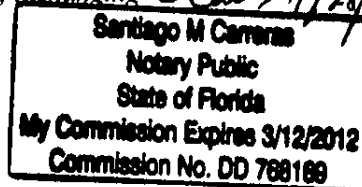
Florida 33607

(Zip Code)

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

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

X [Signature]
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>DANIEL IZQUIERDO</u>	<u>2901 W ST. ISABEL ST</u> <u>TAMPA FL 33607</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P</u>	<u>DANIS NUNEZ</u>	<u>2901 W ST. ISABEL ST</u> <u>TAMPA FL 33607</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

ALL EXISITING SHARES WILL BE TRANSFER/SALE TO THE NEW PRESIDENT OF
THIS CORPORATION, SO DANIEL IZQUIERDO ACTUAL PRESIDENT RESIGN AND
TRANSFER/SALE THIS COMPANY TO DANIS NUNEZ NEW PRESIDENT.

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)

SO AS ABOVE SHOWN ALL SHARES WILL BE TRANFER/SALE TO THE NEW
PRESIDENT DANIS NUNEZ. MR. IZQUIERDO IT IS NOT BELONGS TO THIS
COMPANY FROM TODAY'S DATE JULY 28 2010 AND ON.

The date of each amendment(s) adoption: JULY 28 2010

Effective date if applicable: JULY 28 2010
(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 JULY 28 2010

Signature [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)

DANIEL IZQUIERDO
(Typed or printed name of person signing)

RESIGN PRESIDENT
(Title of person signing)

