| (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



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## COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: MGOPR  | OFESSIONAL HEALTH CO.  |
|---|--|
| DOCUMENT NUMBER:OO  |  |
| The enclosed Articles of Amendment and fee are submi                | tted for filing.   |
| Please return all correspondence concerning this matter             | to the following:  |
| MARIBEL A Name of Co  | MILERA M.D.  |
| DGO PROS  | EESSIONAL HEALTH CO.   |
| 19445 S.W.  | 14 restreet  |
| Penhoke<br>City/State a   | Pine FL. 33029<br>nd Zip Code  |
| E-mail address: (to be used for future                              | era md C ael. Come<br>e annual report notification)  |
| For further information concerning this matter, please co           | all:   |
| Manhel Haulera M. D. at ( Name of Contact Person                    | 786) 277-4070 Area Code & Daytime Telephone Number   |
| Enclosed is a check for the following amount made pays              |  |
| Certificate of Status   | 43.75 Filing Fee & S52.50 Filing Fee Certified Copy Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed) |
| Amendment Section Am Division of Corporations Div P.O. Box 6327 Cli | eet Address endment Section ision of Corporations fron Building I Executive Center Circle                                      |

Tallahassec, FL 32301

## Articles of Amendment to

EH CO

| •  | Articles of Incorporation            | i i i i i i i i i i i i i i i i i i i   |
|--|--------------------------------------|---|
| ~  | of                                   | 2818 WW 1 8441 00   |
| 100  | PROFESSIONA.                         | L HEALTH-LOMII:02   |
| (Name of Corporation as  | enrently filed with the Florids      | Dept. of State CRETARY OF STATE   |
|  |                                      | TALLAHASSEE FLORID4   |
| (Document  | Number of Corporation (if know       | vn)   |
| rsuant to the provisions of section 607 tendment(s) to its Articles of Incorporati                                     | .1006, Florida Statutes, this Floon: | orida Profit Corporation adopts the follow  |
| If amending name, enter the new name   | ne of the corporation:               |   |
|  |                                      | The new   |
| me must be distinguishable and cont<br>breviation "Corp.," "Inc.," or Co.," o<br>me must contain the word "chartered," | r the designation "Corp," "Inc,      | "company," or "incorporated" or the "or "Co". A professional corporation he abbreviation "P.A." |
| Enter new principal office address, if   | 'applicable:                         |   |
| rincipal office address <u>MUST BE A ST</u>  |                                      |   |
|  |                                      |   |
|  |                                      |   |
| Enter new mailing address, if applications (Mailing address MAY BE A POST O  | <u>able:</u><br>FFICE BOX)           |   |
|  |                                      |   |
|  |                                      | ·   |
|  |                                      |   |
| If amending the registered agent and new registered agent and/or the new :   | or registered office address in      | Florida, enter the name of the  |
| sew registered agent and/or the new )  | registered office adoress:           |   |
| Name of New Registered Agent:  |                                      | · · · · · · · · · · · · · · · · · · ·   |
|  |                                      | •   |
| New Registered Office Address:   | (Florida street ad                   | (dress)   |
|  |                                      | Florido   |
| ·  | (Ciry)                               | , Florida<br>(Zip Code)   |
| Desirence A A south City   |                                      | · -   |
| w Registered Agent's Signature, if cha<br>ereby accept the appointment as register                                     |                                      | descent the philaptions of the position   |
|  | win jaminan milit aru                | - accept the vangations of the position.  |
|  |                                      |   |
|  | 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)

| Title      | Name  | Address   | Type of Action    |
|------------|---|---|-------------------|
| rendent    | MARIBEL ALVILLERA, a.D.   | 19445 Sw.14 Steel<br>Pengroke Pires FL.<br>33029    | Add Remove        |
| president  | MARIBEL ALVILLERA, a.D.   | 7. 19445 S.W. 14 Stree<br>Pendroke Brents.<br>33029 | Add Remove        |
|            |   |   | ☐ Add<br>☐ Remove |
|            | or adding additional Articles, enter chional sheets, if necessary). (Be specific                      |   |                   |
|            |   |   |                   |
| provisions | dment provides for an exchange, reclass for implementing the amendment if no pplicable, indicate N/A) |   |                   |
|            | (   |   |                   |
|            |   |   |                   |

| The date of each amendment(                            | s) adoption: 50 ne 28, 2010  |
|--|--|
| Effective data if an elicables                         | (date of adoption is required)  (no more than 90 days after aroundment file days)  |
| Entectivé date il Abblicadie:                          | (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s)                               | (CHECK ONE)  |
| The amendment(s) was/were by the shareholders was/were | e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.   |
|  | e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):   |
| "The number of votes c                                 | ast for the amendment(s) was/were sufficient for approval  |
| by   | (voting group)   |
| •  | voting group)  |
| The amendment(s) was/were action was not required.     | e adopted by the board of directors without shareholder action and shareholder   |
| The amendment(s) was/were action was not required.     | e adopted by the incorporators without shareholder action and shareholder  |
| Dated  | une 28, 2010   |
| selec  | a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) |
| ·  | MARIBEL A WULERA (Typed or printed name of person signing)   |
|  | (Title of person signing)  |