P100000008659

(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



600190766496

01/18/11--01061--008 **35.00





COVER LETTER ...

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	NMSA DIALYSIS CENTER	R, INC	
DOCUMENT NUMBER:		P10000008659		
The enclosed Arti	cles of Amendment and fee	are submitted for filing.		
Please return all c	orrespondence concerning t	his matter to the following:		
	Marilyn Alfaro Name of Contact Person			
		Name of Contact Person		
		NMSA		
		Firm/ Company		
		Address		
	1	Miami Florida 33173		
		City/ State and Zip Code		
_	E-mail address: (to be u	a2828@aol.com sed for future annual report notification)		
For further inform	ation concerning this matter	r, please call:		
	Marilyn Alfaro		70-7771	
	e of Contact Person	Area Code & Daytime Telé		
Enclosed is a chec	k for the following amount	made payable to the Florida Depart	ment 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	2	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

			100 Val
NMSA DIALYSIS CENT	ER, INC		
(Name of Corporation as currently filed with	the Florida Dept.	of State)	
P10000008659			
(Document Number of Corpora	ion (if known)		
ursuant to the provisions of section 607.1006. Florida Statumendment(s) to its Articles of Incorporation:	tes, this <i>Florida F</i>	Profit Corpord	<i>ition</i> adopts th
. If amending name, enter the new name of the corporation	<u>n:</u>		•
Professional Physicians 0	roup Inc		The
ame must be distinguishable and contain the word "corportation "Corp.," "Inc.," or Co.," or the designation "Come must contain the word "chartered," "professional associ	orp," "Inc," or "(Co". A profe	essional corpo
Enter new principal office address, if applicable:	7074 0144 00	Avenue #20	1
	7374 SW 93 /	1101100 1120	
	Miami Florida		
Principal office address <u>MUST BE A STREET ADDRESS</u>)			
		33173 venue #201	
Principal office address MUST BE A STREET ADDRESS) Left the street of	Miami Florida	33173 venue #201	
Principal office address <u>MUST BE A STREET ADDRESS</u>) . <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>) . <u>If amending the registered agent and/or registered office</u>	Miami Florida 7374 SW 93 A Miami Florida address in Florid	33173 Avenue #201 33173	
Principal office address MUST BE A STREET ADDRESS) . Enter new mailing address, if applicable:	Miami Florida 7374 SW 93 A Miami Florida address in Florid	33173 Avenue #201 33173	
Principal office address <u>MUST BE A STREET ADDRESS</u>) Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) If amending the registered agent and/or registered office	Miami Florida 7374 SW 93 A Miami Florida address in Florid	33173 Avenue #201 33173	
Principal office address MUST BE A STREET ADDRESS) . Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) . If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	Miami Florida 7374 SW 93 A Miami Florida address in Florid	33173 Avenue #201 33173	
Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent:	Miami Florida 7374 SW 93 A Miami Florida address in Florid	33173 Avenue #201 33173 Ia, enter the n	
Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent:	Miami Florida 7374 SW 93 A Miami Florida address in Florida dress:	33173 Avenue #201 33173 Ia, enter the n	name of the

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 Type of Action Name Address ☐ Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendment	t(s) adoption: 1/13/2011
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	are 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)
	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated 1/13	12011 Which alfan
(By sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Marilyn Alfaro
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)