Florida Department of State
Division of Corporations
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Account Number : 072450003255
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COR AMND/RESTATE/CORRECT OR O/D RESIGN
HEALTHONE MEDICAL CENTER, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$43.75

C.COULLIETTE

MAR 17 2010

Electronic Filing Menu Corporate Filing Menu Help

EXAMINER

COVER LETTER

H10000059700

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HealthOne Medical Center, Inc.

DOCUMENT NUMBER: P10000017089-1/1

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

Please return all correspondence concerning this matter to the following:

Oswaldo Campos, CPA
Name of Contact Person

HealthOne Medical Center INC.
Firm/ Company

11200 W. Flagler St. Suite 201-207
Address

Sweetwater FL. 33174
City/ State and Zip Code

[illegible]
E-mail address: (to be used for future annual report notification)

milliecampos1022@yahoo.com

For further information concerning this matter, please call:

Oswaldo Campos at (305) 163-2673
Name of Contact Person 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

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Articles of Amendment
to
Articles of Incorporation
of

Health One Medical Center, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

P10000017089 - VH
(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:

_____
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."

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. Enter new principal office address, if applicable:
*(Principal office address **MUST BE A STREET ADDRESS**)*

_____
_____
_____

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

_____
_____
_____

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: _____

New Registered Office Address: _____
(Florida street address)

_____, Florida _____
(City) *(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.

_____
Signature of New Registered Agent, if changing

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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
~~Pres~~	Milagros Campos	11200 N.D. Flagler Suite 201-207 Miami FL. 33174	☐ Add ☒ Remove
Pres	Abdon S. Borges Jr. M.D.	11200 N.D. Flagler ST Miami FL. 33174	☒ ~~Add~~ ☐ Remove
VP	Milagros Campos	11200 N.D. Flagler ST Suite 201-207 Miami FL. 33174	☒ ~~Add~~ ☐ 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)

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The date of each amendment(s) adoption: 3/15/2010
(date of adoption is required)

Effective date if applicable: 3/15/2010
(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 3/16/2010

Signature _____ President.
(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)
Alfredo Campos.

Osvaldo Campos JR
(Typed or printed name of person signing)

Vice President President
(Title of person signing)

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