## P10000024287

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13 AUG 13 AM 8: 18
SECKETARY OF STATE
ALLAHASSEF, FLORIDA

C. LEWIS

AUG 2 0 2013

EXAMINER

TO: Amendment Section Division of Corporations

DD CONZ	NI EZ OLINIO OC	<b>7DD</b>
NAME OF CORPORATION: DR GONZA		
DOCUMENT NUMBER: P1000002428	7	
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
IVET SANCHEZ		
	Name of Contact Persor	1
DR GONZALEZ (	CLINIC CORP	
	Firm/ Company	
7385 CORAL WA	Υ	
	Address	
MIAMI, FL 33155		
	City/ State and Zip Code	2
CANCELASANCH@	AOL.COM	
	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
IVET SANCHEZ	at (305_	798-2606
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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	Amend Divisio Clifton 2661 E	Address Innent Section on of Corporations Building Executive Center Circle Eassee, FL 32301

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

FILED 13 AUG 13 AM 8: 18

## DR GONZALEZ CLINIC CORP

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

P10000024287

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known)

ndment(s) to

A. If amending name, enter the new name of the	e corporation:		
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co". A profess		
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A.			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )		
D. If amending the registered agent and/or registered new registered agent and/or the new registered.		enter the name	e of the
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	Registered Agent: t. I am familiar with and accept t	he obligations	of the position.

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	Р	_	FRANCISCO GONZALEZ	7385 CORAL WAY
Add				MIAMI FL 33155
X Remove				
2) Change	Р		IVET SANCHEZ	7385 C <b>A</b> RAL WAY
X Add		<del></del>		MIAMI FL 33155
Remove				
3) Change		_		
Add				<del> </del>
Remove				<del></del>
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		<u>—</u>		
Add				
Remove				

(Attach additio	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)
	-
provisions fo	nent provides for an exchange, reclassification, or cancellation of issued shares, or implementing the amendment if not contained in the amendment itself: opticable, indicate N/A)

07/31/2013 The date of each amendment(s) adoption: if other than the date this document was signed. 13 AUG 13 AM 8: 18 07/31/13 (no more than 90 days after amendment file described TALLAHASSEE, FLORIDA Effective date if applicable: 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 (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. 07/31/2013 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) IVET SANCHEZ (Typed or printed name of person signing) PRESIDENT

(Title of person signing)