P10000056871

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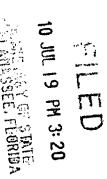
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	RAFAEL VALDESPINO MD PA					
DOCUMENT NUMBER:	P10000056871					
The enclosed Articles of Amendment	and fee are submitted for filing.					
Please return all correspondence conce	erning this matter to the following:					
. <u>.</u>	RAFAEL H VALDESPINO					
-	Name of Contact Person					
· · ·	RAFAEL VALDESPINO MD PA					
	Firm/ Company					
	830 WEST 40 DR					
	Address					
A STATE OF THE STA	HIALEAH FLORIDA 33012					
	Strategand-Zip Codges					
· · · · · · · · · · · · · · · · · · ·	MGC2486@YAHOO.COM (to be used for future annual report notification)					
E-mail address:	. (to be used for future annual report notification)					
For further information concerning thi	s matter, please call:					
RAFAEL H VALDESPII Name of Contact Person	NO at (305) 2291709 Area Code & Daytime Telephone Number					
Enclosed is a check for the following a	amount made payable to the Florida Department of State:					
□ \$35 Filing Fee □ \$43.75 Filing Fe Certificate of St						
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amendment Section Division of Corporations Clifton:Building 266 Executive Center Circle Tallahassee, FL 32301					

Articles of Amendment to Articles of Incorporation of

	Articles of Incorporation
***	of fill En
RAFA	Articles of Incorporation of ILED EL VALDESPINO MD PA as currently filed with the Florida Dept. of State) PAGEOROSSO 74
· (Name of Corporation	as currently filed with the Florida Dept. of State) PM 3: 20
	P10000056871
. (Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section (amendment(s) to its Articles of Incorpo	507.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following ration:
A. If amending name, enter the new	name of the corporation:
VALME	ER MEDICAL OFFICE, CORP. The new
abbreviation "Corp.," "Inc.," or Co.,	ontain the word "corporation," "company," or "incorporated" or the "or the designation "Corp," "Inc," or "Co". A professional corporation to "professional association," or the abbreviation "P24.".
B. Enter new principal office address	s, if applicable: 830 WEST 40 DR
(Principal office address MUST BE A	STREET ADDRESS)
	HIALEAH FLORIDA 33012
	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address: if a new	Mar Mar
C. Enter new mailing address, if app (Mailing address MAY BE A POS)	
	9
	and/or registered office address in Florida, enter the name of the
new registered agent and/or the n	ew registered office address:
 Name of New Registered Agent 	MERCEDES GOMEZ
	830 WEST 40 DR
New Registered Office Address:	
	HIALEAH FLORIDA : , Florida 33012
	- (City) (Zip Code)
Nigge Destricts and August 1911 and 1911	the Borrowski and the Company of the
New Registered Agent's Signature, if I hereby accept the appointment as regi	
	Makes
	Signature of Nex 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 '	<u>Name</u>	Address	Type of Action
<u>P</u>	RAFAEL H VALDESPINO	830 WEST 40 DR HIALEAH FLORIDA 33012	_ ☐ Add ☐ ☑ Remove
P	MERCEDES GOMEZ	830 WEST 40 DR HIALEAH FLORIDA 33012	☐ Add ☐ Remove
	·		_
	ng or adding additional Articles, ente litional sheets, if necessary). (Be spec		T The
		·	
· · · · · · · · · · · · · · · · · · ·			
- provision	endment provides for an exchange, reas for implementing the amendment in applicable, indicate N/A)	classification, or cancellation of is f not contained in the amendment	sued shares, itself:
-			

The date of each amendmen	$t(s)$ adoption: $\frac{07}{}$	/15/2010	 ;		,
Effective date if applicable:	07/15/2010	(date of ado	option is require	ed) '	· <u> </u>
	(no more than 9	0 days after at	nendment file a	late)	
				4	
Adoption of Amendment(s)	(<u>CII</u>	ECK ONE)			
The amendment(s) was/we by the shareholders was/w			The number of	f votes cas	t for the amendment(s)
The amendment(s) was/we must be separately provid					
"The number of votes	s cast for the amen	dment(s) was/	were sufficient	for appro-	val
by			· · · · · · · · · · · · · · · · · · ·	•	ı
·	(voting group)				
☐ The amendment(s) was/w action was not required. ☐ The amendment(s) was/w action was not required.					
action was not required.					
	7/15/20	NO .	•		
Dated		120	*		
- 1		The Day			
Signature _ (B	v a director, presid	tent of other o	fficer – if direc	tors or off	icers have not been
se	lected, by an incor	porator – if in	the hands of a		rustee, or other court
ар	opointed fiduciary Rak	by that fiducia	Despin	0	
		ped or printed	name of person	n signing)	
		Presid	lead	· ,	·
	(Title o	of person signi	ng)	-	