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14 MAR -3 FM 4: 27

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TALLANDASSES FLORIDA

MAR 04 2014 R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: BAPTIST RI	ESEARCH MEDIC	CAL CENTER INC
DOCUMENT NUMB	D400000E000		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	JUAN C DUANY		
-		Name of Contact Person	1
-	Firm/ Company 5801 NW 151st STREET SUITE 101		
-	30011444 13181 3	<del></del>	101
	MIAMI LAKES	Address  FL 33  City/ State and Zip Code	3014
-		City/ State and Zip Code	e
dua	nyjuanc@gmail.c		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
JUAN C DUANY		at (305	, 5989100
Name o	f 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 & 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)
Ame Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle essee, FL 32301

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

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14 MAR -3 PM 4:26

## BAPTIST MEDICAL RESEARCH CENTER, INC.

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

P10000059232

Pursuant to the provisions of section 607,1006, Florida Statutes,	this Florida Profit Corporation adopts the following amendme	nt(s) to
its Articles of Incorporation:		

<ul> <li>If amending name, enter the new na ADVANCED CLINICAL T</li> </ul>		ARCH, INC.	Th.
ume must be distinguishable and cont Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associat	ain the word "corporati ation "Corp," "Inc," or	on," "company," or "ir "Co". A professional co	
. <u>Enter new principal office address, i</u> Principal office address <u>MUST BE A ST</u>	if applicable: FREET ADDRESS )		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5801 NW 15	1 STREET
		SUITE 101	
		MIAMI LAKE	S FL 33014
If amending the registered agent and new registered agent and/or the new Name of New Registered Agent	d/or registered office add registered office addres	lress in Florida, enter th s:	e name of the
			<del></del>
(Florida street  New Registered Office Address: 5801 NW 151 STREET SUITE			—— <sub>orida</sub> 33014
3,000	(City		(Zip Code)
ew Registered Agent's Signature, if ch hereby accept the appointment as registe			

## 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 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Att	mending or adding additional Articles, enter change(s) here:  ach additional sheets, if necessary). (Be specific)
f a pr	n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
•	

The date of each amendment(s) add	pption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more inan 90 aays after amenament file aate)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated_02/27/201	14	
Signature	John C Day.	···
	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court	
	d fiduciary by that fiduciary)	
J	IUAN C DUANY	
<del>-</del>	(Typed or printed name of person signing)	<del></del>
F	PRESIDENT	
_	(Title of person signing)	_