Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000269080 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ALLSTATE MEDICAL CONSULTING, INC.

Account Number : 120110000067

: {786}362-0124 Fax Number : (786)620-2583

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Addrass:

COR AMND/RESTATE/CORRECT OR O/D RESIGN A & L MEDICAL CENTER, INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

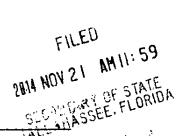
Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

11/19/2014

Articles of Amendment Articles of Incorporation



A & L MEDICAL CENTER, INC

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

P10000081166

(Document Number of Corporation (if known)

ons of section 607-1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

	ame of the corporation:	_
	ntain the word "corporation," "company, nation "Corp," "Inc," or "Co". A profes ation," or the abbreviation "P.A."	
Enter new principal office address, Principal office address <u>MUST BE A S</u>		
Enter new mailing address, if appl (Mailing address MAX BE A POST		
If amending the registered agent ar	nd/or registered office address in Florida,	enier the name of the
If amending the registered agent an new registered agent and/or the ne	nd/or registered office address in Florida,	enter the name of the
If amending the registered agent ar	nd/or registered office address in Florida, w registered office address: CUNI PEDRO A.	
If amending the registered agent an new registered agent and/or the ne	nd/or registered office address in Florida, w registered office address:	
If amending the registered agent an new registered agent and/or the ne	nd/or registered office address in Florida, w registered office address: CUNI PEDRO A. 7500 SW 8 ST. SUITE 30	

Page 1 of 4

Isamending 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.

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)	Title	<u>Name</u>	<u>Addres</u> s			
1) Change	Р	CUNI, PEDRO A.	7500 SW 8 ST. STE 303			
✓ Add			MIAMI, FL 33144			
Remove						
2) Change	<u>P</u>	GARCIA, RENE E	7500 SW 8 ST. STE 303			
Add			MIAMI, FL 33144			
Remove						
3) Change						
Add						
Remove						
<u> </u>						
4) Change	-					
Add						
Remove						
5) Change						
Add	<u> </u>					
Remove						
Kemove						
6) Change	•					
Add						
Remove						

Page 2 of 4

	dd <mark>itional Articles</mark> if necessary). (B	le specific)	•		
<u> </u>					
	<u>, , , , , , , , , , , , , , , , , , , </u>				
	•				
					 -
					· - · · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·		
an amendment provide	e for an archana	a maniaggifiagt	on orannollo	tion of Issued sh	
rovisions for implemen	ting the amendm	ent if not cont	ained in the am	endment itself:	iai es,
	ticate N/A)				
(if not applicable, ind					
(if not applicable, ina					
(if not applicable, inc	· ==				
(if not applicable, inc	·				
(if not applicable, inc					
(if not applicable, ina					
(if not applicable, ind					
(if not applicable, ina					
(if not applicable, ina					
(if not applicable, ina					
(if not applicable, ina					
(if not applicable, ina					

Page 3 of 4

The date of each amendment(s) ad	, if other than the	
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
b y	(voting group)	
	(voting group)	
The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	oted by the incorporators without shareholder action and shareholder	
Dated	11/10/2017	
Signature		
selected,	ctor, 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 diffiduciary by that fiduciary)	
_	PEONO A Con (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
_	President	
	(Title of person signing)	