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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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JUN 11 2013
T. LEMIEUX

COVER LETTER

NAME OF CORPORATION:

DOCTOR'S SCORES ON A HEAD CONTROL OF CORPORATION:

Please return all correspondence concerning this matter to the following:

Name of Corporations

Doctor's Scores on A Head Call Center And Control of Control

ICTITED TWOTTGUEL CAMOTAGE
Name of Contact Person
DOCTOR'S Professional Medical Center One
Firm/ Company
8150 SW 85- # 114
Address
MIAMI R 33144
City/ State and Zip Code
ν (A
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TO: Amendment Section

Reinie Rodiquez Cambrana (186) 302 6046

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 Certificate of Status Certified Copy (Additional copy is enclosed)

\$43.75 Filing Fee & 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

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: <u>X</u> 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	Name	<u>Addres</u> s
1) Change	<u>ρ</u>	Diehl, Hermann	8150 m 8ct
Add Remove		,	Suite 114 MiAMi, R 33144
2)Change	Ρ	Cambrana, Reinier Lodin	guel 8150 sw 8 st Suite 114
Remove			HI'AMI PL 33144
3) Change			
Add			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) adoption: 5/31/13			
Effective date if applicable: 5/31/13			
(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)			
(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.			
Dated5/31/13			
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)			
Reinier Rodriguez lambrane			
(Typed or printed name of person signing)			
prisident			
(Title of person signing)			