P100000088081

| (Red | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Add | dress) | |
| (Add | dress) | |
| (City | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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09/23/11--01017--029 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

| NAME OF CORPORATION | ON:LA S | SANTE MEDICAL CENT | ER, INC |
|-----------------------------------|-------------------------------------|---|---|
| DOCUMENT NUMBER: | | P10000088081 | |
| The enclosed Articles of An | nendment and fee are | submitted for filing. | |
| Please return all correspond | ence concerning this | matter to the following: | |
| | | UBLO MACHADO YERA ne of Contact Person | |
| , | LA SANTE | MEDICAL CENTER,INC Firm/ Company | |
| | 8660 WE | ST FLAGLER ST # 111 Address | |
| | | IAMI, FL 33144 // State and Zip Code | |
| E-1 | nail address: (to be used | for future annual report notification) | |
| For further information con- | cerning this matter, p | lease call: | |
| PEDRO PAUBLO Name of Contact | | at (<u>305</u>) <u>7</u> Area Code & Daytime Te | 97-9992 Rephone Number |
| Enclosed is a check for the | following amount ma | de payable to the Florida Depar | tment of State: |
| | .75 Filing Fee & tificate 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) |
| Mailing Address Amendment Section | | Street Address Amendment Section | |

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to Articles of Incorporation

of

LA SANTE MEDICAL CENTER, INC

| (Name of Corporation as c | urrently filed with the Florid | a Dept. of State | ري م |
|---|--------------------------------|------------------------------------|-----------------------------|
| Р | 10000088081 | | · 1/4. |
| | Number of Corporation (if kno | wn) | |
| rsuant to the provisions of section 607. nendment(s) to its Articles of Incorporation | | lorida Profit Corporation ad | dopts the fo |
| If amending name, enter the new nam | e of the corporation: | | |
| | | | The ne |
| me must be distinguishable and conta obreviation "Corp.," "Inc.," or Co.," or me must contain the word "chartered," ' | the designation "Corp," "Inc | c," or "Co". A professional | ated" or th l corporatio |
| Enter new principal office address, if | applicable: | | |
| rincipal office address <u>MUST BE A STR</u> | | | |
| | | | |
| | | | |
| | | | |
| Enter new mailing address, if applica | | | |
| (Mailing address <u>MAY BE A POST OI</u> | *FICE BOX) | | |
| | | | |
| | | | |
| | | | |
| If amending the registered agent and/ | | <u>n Florida, enter the name o</u> | f the |
| new registered agent and/or the new i | registered office address: | | |
| Name of New Registered Agent: | PEDRO PAUBLO MA | CHADO | |
| | | | |
| 1000 | 8660 WEST FLAGLE | | |
| New Registered Office Address: | (Florida street a | iadress) | |
| | MIAMI | , Florida <u>331</u> | 44 |
| | (City) | (Zip Code) | |
| | | | |
| w Registered Agent's Signature, if cha | nging Registered Agent: | and account the abligations of | 'tha magitia |
| ereby accept the appointment as register | ea agent. I am familiar with a | ına accepi ine opiigaiions of | ine positio |
| | | | |
| • | Signature of New Registere | d 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)

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---|---|-------------------|
| VP | YANET C DE ARMAS | 1070 SE 9 COURT HIALEAH, FL 33010 | ☐ Add ☐ Remove |
| <u>P</u> | Pedro Paublo Machado | 8660 WEST FLAGLER ST #111 MIAMI FL 33144 | ☑ Add □ Remove |
| | | | Add Remove |
| | | | |
| | | | |
| provisi | mendment provides for an exchange, in the second ment mot applicable, indicate N/A) | | |
| • | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| The date of each amendment | (s) adoption: September 20, 2001 |
|--|---|
| , , | (date of adoption is required) |
| Effective date <u>if applicable</u> : | |
| • | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/weby the shareholders was/web | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| | re approved by the shareholders through voting groups. The following statement d 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 | ," |
| <u> </u> | (voting group) |
| action was not required. | re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder |
| Signature (By sele | a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary) |
| | YANET C DE ARMAS (Typed or printed name of person signing) |
| | VICE PRESIDENT/INCORPORATOR (Title of person signing) |