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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORAT	TION: C8	M PHYSICIANS GROU	JP INC.
DOCUMENT NUMBER	<b>::</b>	P10000092820	)
The enclosed Articles of A	Amendment and fee are	submitted for filing.	
Please return all correspor	ndence concerning this	matter to the following:	
		MARLENY RINCON	
	Nan	ne of Contact Person	
	C&M PHY	SICIANS GROUP, INC	
		Firm/ Company	
	7000 SW 97 AVE SUITE #110		
		Address	
	MIAM	I FLORIDA 33173	
	City	/ State and Zip Code	
E	HCBCLLC	@YAHOO.COM or future annual report notification)	
For further information co	ncerning this matter, pl	ease call:	
MARIA N	MARTINS	at (305)2	271-7558
Name of Conta	ct Person	Area Code & Daytime To	elephone Number
Enclosed is a check for the	e following amount mad	le payable to the Florida Depa	rtment of State:
	43.75 Filing Fee & ertificate 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 Division of Corpor P.O. Box 6327 Tallahassee, FL 32	rations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	ele

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

/	LLED
2011 FEB	23 AM 9:28
MITAHASS	23 AM 9: 23 EE. FLORIO

C&M PHYSICIANS GROUP, INC (Name of Corporation as currently filed with the Florida Dept. of State) P10000092820 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: N/A (Florida street address) New Registered Office Address: N/A \_, Florida\_

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Zip Code)

## 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>	Name	Address	Type of Action
MD	EMILIO CASTANEDA	7000 SW 97TH AVE SUIE # 110 MIAMI FLORIDA 33173	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
(a <i>ttach additi</i> By General A	or adding additional Articles, enter chonal sheets, if necessary). (Be specific, pproval by the Board of Directors, Medical Director and invited to be	Dr. Emilio Castañeda, MD,	
corporation.	With his approval we are filling this	document.	
provisions t	dment provides for an exchange, reclass for implementing the amendment if no opplicable, indicate N/A)		
<u> </u>			<del></del>

The date of each amendmen	t(s) adoption: JANUARY 1ST. 2011
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_JAN	UARY 3, 2011
Signature _	Luz Maeleney Recien
	a director, president or other officer—if directors or officers have not been ected, by an incorporator—if in the hands of a receiver, trustee, or other court
	pointed fiduciary by that fiduciary)
	LUZ MARLENY RINCON
	(Typed or printed name of person signing)
	+RESIDENT
	(Title of person signing)