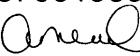
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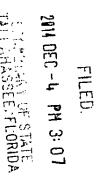
Office Use Only



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12/10/14

COVER LETTER

Division of Corporations
NAME OF CORPORATION: MK URGERT MediCAL CENTER
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anne MARIE BAIKE Name of Contact Person MK URGENT MEDICAL CENTER
MK URGENT MEDICAL CEMER Firm/Company 2827 PAIM HARBOR BIVD Address
TAIM HARBUR 42 34683
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Area Code & Daytime Telephone Number 1979
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 Tallabasses FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassce, FL 32301

Articles of Amendment to

Articles of Incorporation of

FILED.

(Name of Corporation as currently filed with the Flo	niqui Dept. Of State		
		と、ご様でもはなって	r ut STATE FELFLORIDA
(Document Number of Corporation (if	known)	1 A LL/AHA00	EC, FLORIDA
ersuant to the provisions of section 607.1006, Florida Statutes, this F Articles of Incorporation:	lorida Profit Corpor	ation adopts the following	ng amendment(s)
If amending name, enter the new name of the corporation:			
			The new
me must be distinguishable and contain the word "corporation, Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C ord "chartered," "professional association," or the abbreviation "F	co" A professional	'incorporated" or the corporation name mus	abbreviation t contain the
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)			_
			_
. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			_
. If amending the registered agent and/or registered office addre		the name of the	_
new registered agent and/or the new registered office address:		the name of the	
Name of New Registered Agent Anne MA	RIE BAI	Ke .	
2827 PA (Florida stre		RCR BINI)	
New Registered Office Address: Palm HA;	ewr_	Florida 34683 (Zip Code)	<u>) </u>
ew Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent. I am familiar w	أحجناه فسمممه امميس بالمثر	dinasiana af sha na-isia.	

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	PT John Doe
X Remove	<u>V</u> <u>Mike Jones</u>
X Add	SV Sally Smith
Type of Action (Check One) 1) Change Add Remove	Title Name Address PT PAINE MARIE BAIKE 2827 PAINHARA PAIN HARBOR, 76 34683
2) Change Add	D. Magy Trong 2827 Palin HARBUR Blue PALIN HARBUR, AC 34683
Remove Change Add Remove	5 Heland TARAY 2827 Palm HARBOR ISINA PAIN HARBOR ITC 34683
4) Change Add Remove	
5) Change Add Remove	
6) Change Add Remove	

mending or adding additio tach <i>additional sheets, if nece</i>	essary). (Be	e specific)	•			
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an amendment provides for	an exchange	e, reclassificat	t <mark>ion, or canc</mark> el	llation of issue	ed shares,	
rovisions for implementing (if not applicable, indicate	the amendm	ent if not con	tained in the a	<u>imendment it:</u>	<u>self:</u>	
(ij not applicable, inalcal	e IV/A)			1	_	
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The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: Decombes I, Doly (no more than 90 days after amendment file date)	_
(no more than 50 days after amenament 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	
by" (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.	
Dated $\frac{1/2-0//4}{4}$	
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)	
NAGY FARAGI	
(Typed or printed name of person signing)	
D)Rector_	_
' (Title of person signing)	