## P10000102804

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-U	P WAIT	MAIL		
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of State	tus		
Special Instructions to Filing Officer:				
		i		

Office Use Only



900250311899

08/05/13--01029--002 \*\*35.00

13 AUG -5 MM 9: 41

Amand (10, 8, 9, 13)

## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: JAC MEDICAL CENTER INC DOCUMENT NUMBER: P10000102804 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CARLOS PEREZ Name of Contact Person JAC MEDICAL CENTER INC Firm/ Company 11093 NW 138th ST Ste 123 Address HIALEAH GARDENS, FL 33018 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CARLOS PEREZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & \$52.50 Filing Fee ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

	of
JAC MEDICAL CENTER INC.	
(Name of Corporation as currently filed w	vith the Florida Dept. of State)
P10000102804	
(Document Number of Corp	poration (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpor	ration:
N/A	The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," "I word "chartered," "professional association," or the abbr.  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office	
Name of New Registered Agent CARLOS	PEREZ 22 22 22
11093 NV	V 138th ST STE.123
	(Florida street address)
New Registered Office Address: HIALEAH	GARDENS Florida 33018
	(City) (Zip Code)
New Registered Agent's Signature, inchanging Register	
I hereby accept the appointment as registered agent. I am	y familiar with and accept the obligations of the position

Page 1 of 4

Signature of New Registered 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)

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	CARLOS PEREZ	11093 NW 138th ST Ste 123
X Add			Hialeah Gardens
Remove			FL 33018
2) X Change	V	NOEL FERNANDEZ	11093 NW 138th ST STE 123
Add			Hialeah Gardens
Remove			FL 33018
3) Change	<u></u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. <u>If am</u>	ending or adding additional Articles, enter change(s) here:	
(Attac	h additional sheets, if necessary). (Be specific)	
N/A	·	
	·	
		•
T.C		
H HI	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself:	
pro	(if not applicable, indicate N/A)	
	(if not approache, statione 1971)	
N/A		

The date of each amendment(s) adoption: August U1, 2013		
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 ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 08/0	1/2013	
Signature *		
(By a d	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Carlos Perez	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	<del></del>