# P11000047477

| (Re                     | questor's Name)   |             |
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| (Cit                    | y/State/Zip/Phon  | e #)        |
| PICK-UP                 | MAIT              | MAIL        |
| (Bu:                    | siness Entity Nar | ne)         |
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DIVISION OF CORFORATIONS
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Andrew 8/14/11

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: R. ABREU M.D., P.A. |  |   |   |  |
|--|--|---|---|--|
| DOCUMENT NU                              | J <b>MBER:</b>                               | P11000047477  | 7   |  |
| The enclosed Artic                       | cles of Amendment and fee                    | are submitted for filing.   |   |  |
| Please return all co                     | orrespondence concerning th                  | is matter to the following:                                       |   |  |
|  |  | RAFAEL ABREU  |   |  |
|  | 1  | Name of Contact Person  |   |  |
| .,                                       | R.   | ABREU M.D., P.A.  | <u></u>   |  |
| <b>;</b>                                 |  | Firm/ Company   | ,   |  |
|  |  | 7634 SW 146 CT  |   |  |
|  |  | Address   |   |  |
|  |  | MIAMI FL 33183  |   |  |
| ,  | , (  | City/ State and Zip Code  |   |  |
|  |  |   | · ·   |  |
|  | E-mail address: (to be use                   | ed for future annual report notification)                         |   |  |
| For further informa                      | ation concerning this matter,                | please call:  |   |  |
|  |  | at ( 786 )  | 348-7113  |  |
| Name                                     | of Contact Person                            | Area Code & Daytime To  | elephone Number   |  |
| Enclosed is a checl                      | k for the following amount r                 | nade payable to the Florida Depa                                  | rtment of State:  |  |
| ☑ \$35 Filing Fee                        | ☐ \$43.75 Filing Fee & Certificate 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 A                                | ddroes                                       | Stungt Addungs  |   |  |
| Mailing Address  Amendment Section       |  | Street Address Amendment Section                                  | C.  |  |
| Division of Corporations                 |  | Division of Corporations  | •   |  |
| P.O. Box 6327                            |  | Clifton Building  | ···   |  |
| Tallahassee FL 32314                     |  | 2661 Executive Center Circ  | ·le   |  |

Tallahassee, FL 32301

# **Articles of Amendment** to **Articles of Incorporation**

# R. ABREU M.D., P.A.

#### (Name of Corporation as currently filed with the Florida Dept. of State)

#### P11000047477

| (Document Num   | ber of Corporation (if known | own)  |
|---|------------------------------|---|
| Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:   | 5, Florida Statutes, this F  | Florida Profit Corporation adopts the follo |
| A. If amending name, enter the new name of  | the corporation:             |   |
|   |                              | The new                                     |
| name must be distinguishable and contain to<br>abbreviation "Corp.," "Inc.," or Co.," or the<br>name must contain the word "chartered," "prof | designation "Corp," "In      | c," or "Co". A professional corporation     |
| B. Enter new principal office address, if appl  |                              |   |
| (Principal office address <u>MUST BE A STREET</u>   | TADDRESS )                   |   |
|   |                              |   |
|   | · · · · ·                    |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)   | TE POV                       |   |
| (Muning numess MAT BE A FOST OFFIC  | <u>.E_BUA</u> )              |   |
|   |                              |   |
| D. If amonding the projection described and analysis  |                              |   |
| D. If amending the registered agent and/or renew registered agent and/or the new registered.  |                              | n Florida, enter the name of the            |
| Name of New Registered Agent:   |                              |   |
| Nume of New Registered Agent.   |                              |   |
| New Registered Office Address:  | (Florida street d            | address)                                    |
|   |                              | , Florida                                   |
| _   | (City)                       | (Zip Code)                                  |
| New Registered Agent's Signature, if changing   | g Registered Agent:          |   |
| I hereby accept the appointment as registered ag  |                              | and accept the obligations of the position. |
|   |                              | · · · · · · · · · · · · · · · · · · ·       |
| Sic   | anature 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>  | <u>Address</u>                     | Type of Action |
|-----------------|--|------------------------------------|----------------|
| <u>D</u>        | Eduardo Fuentes Blanco   | 7600 sw 132 ave<br>Miami, FL 33183 |                |
|                 |  |                                    |                |
|                 |  |                                    |                |
| (attach aa      | lditional sheets, if necessary). (Be spe   | ccific)                            |                |
|                 |  | :.                                 |                |
|                 |  |                                    |                |
| <u>provisio</u> | nendment provides for an exchange, rendment in the implementing the amendment in the applicable, indicate N/A) |                                    |                |
|                 |  |                                    |                |
|                 |  |                                    |                |
|                 |  |                                    |                |

| The date of each amendmen                        | t(s) adoption: <u>08/08/2011</u>  |
|--|---|
| Effective date if applicable:                    | 08/08/2011 (date of adoption is required)   |
|  | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                         | (CHECK ONE)   |
|  | ere adopted by the shareholders. The number of votes cast for the amendment(s) tere sufficient for approval.  |
|  | ere approved by the shareholders through voting groups. The following statement ed 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/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 08/0                                       | 8/2011  |
| Signature  | a director, president or other officer – if directors or officers have not been   |
| (By  | ected, by an incorporator – if in the hands of a receiver, trustee, or other court  |
| арр  | ointed fiduciary by that fiduciary)   |
|  | RAFAEL ABREU  |
|  | (Typed or printed name of person signing)   |
|  | President   |
|  | (Title of person signing)   |