

PH 000055409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/22/11--01024--023 **35.00

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AUG -5 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
8/5/11

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2011

JOSE C. SUAREZ DIAZ MD
3063 WEST FLAGLER STREET
MIAMI, FL 33135

SUBJECT: JOSE C SUAREZ DIAZ MD, INC.
Ref. Number: P11000055409

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

PLEASE VERIFY WHETHER OR NOT YOU ARE CHANGING THE ADDRESS FOR THE OFFICERS, DIRECTORS OR REGISTERED AGENT OF THE CORPORATION. PAGE 2 OF 3 WAS NOT INCLUDED IN YOUR DOCUMENT SENT. PLEASE CALL WITH ANY QUESTIONS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 611A00015309

RECEIVED
11 AUG -5 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JOSE C SUAREZ DIAZ MD. INC.

DOCUMENT NUMBER: P11000055409

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE C SUAREZ DIAZ MD

Name of Contact Person

JOSE C SUAREZ DIAZ MD.

Firm/ Company

3063 WEST FLAGLER STREET

Address

MIAMI FLORIDA 33135

City/ State and Zip Code

SUAREZDIAZMD@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE C SUAREZ DIAZ MD

Name of Contact Person

at (305)

541-0021

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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 Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

JOSE C SUAREZ DIAZ MD, INC.

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

P11000055409.

(Document Number of Corporation (if known))

FILED
M AUG -5 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

The new 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)

3063 WEST FLAGLER STREET

MIAMI FLORIDA 33135

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:

JOSE C SUAREZ DIAZ MD.

New Registered Office Address:

3063 WEST FLAGLER ST Miami FL 33135

(Florida street address)

Miami

(City)

7867182751

(Zip Code)

Florida

33135

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

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 06/14/2011

(date of adoption is required)

Effective date if applicable: 06/14/2011

(no more than 90 days after amendment 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 _____."
(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 06/14/2011

Signature

Jose C Suarez Diaz
(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)

JOSE C SUAREZ DIAZ MD.

(Typed or printed name of person signing)

PRESIDENTE/OWNER

(Title of person signing)