

PI10000070333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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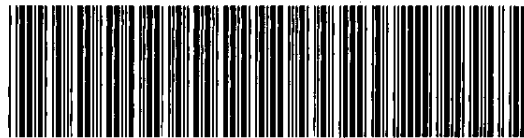
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV -9 AM 9:09

Amend  
10/11/11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** San Judas Medical Center Inc

**DOCUMENT NUMBER:** P11 000070333

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

Please return all correspondence concerning this matter to the following:

Daylin Cabrera

Name of Contact Person

San Judas Medical Center

Firm/ Company

7815 Coral way #105

Address

MIAMI, FL 33155

City/ State and Zip Code

N/A

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

For further information concerning this matter, please call:

Daylin Cabrera

Name of Contact Person

at (784) 314 2486

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

San Judas Medical Center Inc

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

P11000070333

(Document Number of Corporation (if known))

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DIVISION OF CORPORATIONS  
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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**)

7815 Coral way  
Suite 105  
MIAMI, FL 33155

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

7815 Coral way  
Suite 105  
MIAMI, FL 33155

**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:

7815 Coral way + 105

New Registered Office Address:

(Florida street address)

MIAMI

(City)

Florida 33155  
(Zip Code)

**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>
PD	Daylin Cabrera	8600 SW 109 Ave #101 MIAMI FL 33173	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
UD	Maria Carrasquero	8600 SW 109 Ave #101 MIAMI FL 33173	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	Daylin Cabrera	7815 Coral way Suite 105 MIAMI FL 33155	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	Maria Carrasquero	7815 Coral way Suite 105 MIAMI FL 33155	<input checked="" 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: 10/19/11  
(date of adoption is required)  
Effective date if applicable: 10/19/11  
(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 10/19/11

Signature [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)

Daylin Cabrera  
(Typed or printed name of person signing)

president  
(Title of person signing)