

P12000007809

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000198419 3)))



H150001984193ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 AUG 17 AM 9:21

FILED

RECEIVED

15 AUG 17 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN
FLORIDA HEALTH MEDICAL CENTER, CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 18 2015

C. CARROTHERS

FILED #6473 P.002/002
H15000198419

Articles of Amendment
to
Articles of Incorporation
of

2015 AUG 17 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Health Medical Center, Corp

Florida Document Number: P120000007809

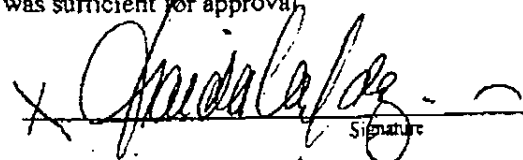
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

Remove: Miguel Figueredo
change all addresses to:
10300 SW 72 St #465
Miami FL 33173

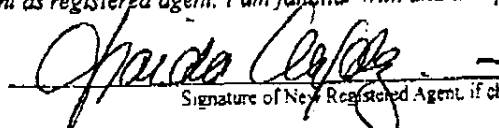
Add President and Registered Agent:
FRAIDA MENENDEZ

These articles of amendment were adopted on 8/17/15

The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.


Signature
Fraida Menendez (P)
Printed Name and Title

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

H15000198419