# P12000079461

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2012 DEC 13 AM 9: 11

Amend

DEC 1 7 2012 T. LEWIS

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: ATON URG	SENT CARE CO	DRP
DOCUMENT NUMBI	ER: P1200007946	§1	**************************************
The enclosed Articles of	f Amendment and fee are sub	mitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
	ARMAN	NDO VALDES	
		Name of Contact Person	1
_	ATON URG	ENT CARE CO	)RP
		Firm/ Company	•
_	3900 NW 79	TH AVE. SUITE	518
	DOR	Address AL, FL 33166	
		City/ State and Zip Code	9
	atonurgen	tcare@gmail.co	om
		ed for future annual report	
	concerning this matter, please	e call: at (305	, 593-2207
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	artment of State:
\$35 Filing Fee	E\$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)
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

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

## FILED 2012 DEC 13 AM 9:11

#### ATON URGENT CARE CORP.

(Name of Corporation as currently filed with the Florida Dept. of State) P 12000079461

(Document Number of Corporation (if known)

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

I/A	 Th
me must be distinguishable and contain the word "corpo Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," ord "chartered," "professional association," or the abbrevia	oration," "company," or "incorporated" or the abbre or "Co". A professional corporation name must cont
Enter new principal office address, if applicable; rincipal office address <u>MUST BE A STREET ADDRESS</u> )	N/A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	e address in Florida, enter the name of the ldress;
Name of New Registered Agent N/A	<del></del>
	ida street address)
(Flora	au si cei uuu essy
New Registered Office Address:	, Florida(City) (Zip Code)

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 <math>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 Do	<u>De</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	DP		Armando Valdes	3900 NW 79 Ave.
Add				Suite 518
X Remove				DORAL, FL 33166
2) Change	Р		JUAN G. CAMAYD, M.D.	3900 NW 79th Ave.
X Add		<del></del>		Suite 518
Remove				DORAL, FL 33166
3) Change	<del></del>		18 A 18 P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
Add				
Remove				
4) Change		±-20-	\$1114411111111111111111111111111111111	
Add				
Remove				
. 5) Change				
Add				
Remove				
6) Change	- <del></del>	<del></del>		
Add				
Remove				

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)  /A		ticles, enter change(s) here: (Be specific)
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)	41 F 3	
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	(if not applicable, indicate N/A)	

The date of each amendment(s) ac	doption: DECEMBER 5, 2012
Effective date <u>if applicable</u> :	<b>DECEMBER 5, 2012</b>
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved 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	21
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated Decei	mber 5, 2012
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)
	Armando Valdes
	(Typed or printed name of person signing)
	DP
	(Title of person signing)