# PIROCOPRY

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL .
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
`bs		
	Office Use On	lv



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R. WHITE

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	D12000	DICAL CENTER 079804	R, INC		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corres	ondence concerning this ma	tter to the following:			
	ALC	O ZAMBRANO			
-	Name of Contact Person				
	BRCR MEDICAL CENTER, INC				
<del>-</del>	Firm/ Company				
	8100 WEST SUNRISE BLVD SUITE D 3				
_	Address				
_	PLANTATION, FL 33322				
	City/ State and Zip Code				
	ald	oz@brcrglobal.d	com		
		sed for future annual report			
	concerning this matter, pleas				
ALDO ZAMBRANO		<sub>at (</sub> 561	<u>,</u> 447-0614		
Name of	Contact Person	Area Co	ode & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment 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			Address		
Amendment Section Division of Corporations		Amendment Section			
	Box 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314			2661 Executive Center Circle		
		Tallahassee, FL 32301			

### **Articles of Amendment**

to **Articles of Incorporation** of

## FILED

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## BRCR MEDICAL CENTER, INC THE LARY OF STATE

#### (Name of Corporation as currently filed with the Florida Dept. of State) P12000070804

ment(s) to

1 120,000	1 3004				
(Document Number of Cor	poration (if k	nown)			
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	atutes, this <i>Flo</i>	orida Profit Cor	<i>poration</i> add	opts the following	g amendme
A. If amending name, enter the new name of the corpo	ration:				
					_The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abb	Inc," or "Co	". A profession			
B. Enter new principal office address, if applicable:					
(Principal office address MUST BE A STREET ADDRE	<u>'SS</u> ')	•			
					,
					_
C. Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
					-
D. If amending the registered agent and/or registered of	office address	s in Florida ani	ton the name	of the	
new registered agent and/or the new registered office		s in Fiorida, em	iei the name	or the	
Now of No. Desire and A					
Name of New Registered Agent		<del></del>			
			<del> </del>		
· ·	(Florida street	address)			
New Registered Office Address:			Florida		
	(City)			(Zip Code)	
New Registered Agent's Signature, if changing Register	and Amounts				
I hereby accept the appointment as registered agent. I am	<u>reu Agent:</u> 1 familiar with	h and accept the	obligations	of the position.	
		,	.,	# <b>1</b> ''	
Signature of Man P	agistanal Assa	ent if abancing	· · · · · ·		

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)

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 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	JAVIER D ANDRADE	12636 NW 12 CT
Add			SUNRISE, FL 33323
Remove			
2) Change			
Add			<del> </del>
Remove			
$\overline{\Box}$			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
_ Remove			

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
	, ,
	<u></u>
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nament is not contained in the unitinament tesen.

The date of each amendment(s) adoption: 09/30/2014 date this document was signed.	, if other than the
Effective date if applicable: 09/30/2014	
(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.	
Dated10/02/2014	
Signature	
(By a director, president or other officer - if directors or officers have not been	
splected, by an incorporator—If in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
appointed reductary by that inductary	
ALDO ZAMBRANO/ JÁVIER D ANDRADE	
(Typed or printed name of person signing)	
PRESIDENT/ VICE-PRESIDENT	
(Title of person signing)	