P12000080531

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Amend. 07/19/13

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: PALMETTO	MEDICAL CENT	ER, INC			
DOCUMENT NUMBE	R: P12000080	531				
The enclosed Articles of	**Amendment and fee are su	bmitted for filing.				
Please return all correspond	ondence concerning this ma	tter to the following:				
	JU	AN P. FALCO	N			
	PALMETTO M	Name of Contact Person 1EDICAL CEN				
_	8150 SW 8	Firm/ Company S STREET SU	ITE 218			
_	MIAMI FLORIDA 33144					
and the second s		City/ State and Zip Code Code Code Code Code Code Code Code				
For further information of	concerning this matter, pleas	se call:				
MARIANITZ	A GONZALEZ	z _{at (} 305	, <u>961-1121</u>			
Name of	Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for t	he following amount made	payable to the Florida Depa	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)			
Amend Division P.O. E	ng Address diment Section on of Corporations Box 6327 assee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

01

PALMETTO MEDICAL CENTER, INC

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

P12000080531

(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 its Articles of Incorporation:

N/A name must be distinguishable and cor					ion
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa			onal corporation name must	contain	the
B. Enter new principal office address,	if applicable:	N/A			
(Principal office address MUST BE A S			> 04	_ 	
			سعدم القدر الرام سيد چسان -	L W	******
		-			18 ⁷⁴
C. Enter new mailing address, if appl		N/A	S.S.S.	φ <u>τ</u> υ	4
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX			平 圣	
		-		<u> </u>	م
			<u></u>)
D. If amending the registered agent a			iter the name of the	•	
new registered agent and/or the ne	w registered office add JUAN P. FAL(
Name of New Registered Agent					
		TREET SUITE	218		
		da street address)	22444		
New Registered Office Address:	MIAMI	(City)	, Florida 33144 (Zip Code)	-	
	,	Chy	(Zip Code)		
New Registered Agent's Signature, if			a aktional and skilling skilling		
I hereby accept the appointment as regis	tered ogent.) I am jami	наг wин ана ассери н	e oonganons of the position.		
	ignature of New/Reviste	ered Agent, if changing			
J.	.g.m. ty rennegate	ea ngem, y enunging			

If amending the Officer's 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	Р	JUAN P. FALCON	8150 SW 8 STREET SUITE 218
$\frac{X}{Add}$			MIAMI FLORIDA 33144
Remove			
2) Change	Р	MARIA C. RIVAS	8150 SW 8 STREET SUITE 218
Add			MIAMI FL 33144
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			· ·
Remove			
5) Change			
Add			
Remove			
() Channa		<i>,</i>	
6) Change			
Remove			

n/A·		ets, if necessar						
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f an an	iendment pr	ovides for an	exchange,	reclassifica	tion, or can	cellation of	issued shares	ن
provisio	ons for impl	ementing the a le, indicate N/A	<u>amendmen</u>	t if not con	tained in th	e amendmei	nt itself:	
	ног аррисаві	e, majeate N/Z	1)					
n/A .	•							
				<u> </u>				
								

The date of each amendment(, if other than the
date this document was signed. Effective date if applicable:	07/10/2013	
Enective date <u>ir applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
■ The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated 0	07/10/20 <u>1</u> 3	
Signature	Denen	
se	y a director president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	JUAN P. FALCON M.D	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	 _