P1200008053/

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·	
(Ĉit	ty/State/Zip/Phone	· #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
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SECREDARY OF STATE STYLETON OF CORPORATIONS

C. LEWS JUL 25 2014

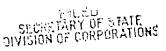
COVER LETTER

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TO: Amendment Section
Division of Corporations

NAME OF CORPORA'	D12000090	MEDICAL CEN	TER, INC		
	Amendment and fee are su	bmitted for filing.			
-	ndence concerning this ma	· ·			
·	-	N P. FALCON M	.D		
	Name of Contact Person				
<u> </u>	PALMETTO MEDICAL CENTER, INC				
	0450 014	Firm/ Company	TE 040		
	8150 SW 8 STREET SUITE 219				
	Address MIAMI FLORIDA 33144				
	City/ State and Zip Code				
	nalmatta				
		omed@yahoo.co			
For further information ed	oncerning this matter, pleas	se call: at (305	, 961-1121		
Name of (Contact Person		de & Daytime Telephone Number		
Enclosed is a check for th	e following amount made [payable to the Florida Depa	ortment 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 Divisio P.O. Bo	2 Address ment Section n of Corporations ox 6327 ssee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301		

Articles of Amendment Articles of Incorporation



PALMETTO MEDICAL CENTER, INC

14 JUL 11 PH 2:01

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

P12000080531

(Document Number of Corporation (if known)

N/A name must be distinguishable and contain the word "corporation. "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	o". A professional corporation name must contain the
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P. B. Enter new principal office address, if applicable:	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the A."
	8150 SW 8 STREET
	SUITE 219
	MIAMI FL, 33144
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8150 SW 8 STREET
	SUITE 219
	MIAMI FL, 33144
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address;	ss in Florida, enter the name of the
Name of New Registered Agent N/A	
name of the negative en tigen	
(Florida stree	t address)
Name Providence LOVG and Add A N/A	
New Registered Office Address: (City)	, Florida (Zip Code)
(40)	(Σφ ζοιτ)
New Registered Agent's Signature, if changing Registered Agent:	

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)

Nease note the officer/director title by the first letter of the office title:

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 F. There is

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. Nike 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, K 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	$\sqrt{e_{\Lambda}}$	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add Remove			
2) Change		_	
Add Remove			
3) Change			
Add			
4) Change			
Add			
5) Change			<u></u>
Add	;		
6) Change			
Add Remove			
		Page 2 of 4	

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) PLEASE NOTED WE ARE MOVING TO A NEW SUITE IN THE SAME
BUILDING.
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) N/A

The date of each amendment(s) adoption: 07/01/2	2014 SHOR FARY OF STATE	, if other than the
date this document was signed. Effective date if applicable: 07/01/2014	14 JUL 11 PM 2:01	
	nore than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK (<u>ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for approva	olders. The number of votes cast for the amendmen	it(s)
The amendment(s) was/were approved by the sharel must be separately provided for each voting group		ment
"The number of votes cast for the amendments	(s) was/were sufficient for approval	
by	// 0 ·	
(voting gro	тр)	
The amendment(s) was/were adopted by the board of action was not required.	of directors without shareholder action and sharehol	lder
The amendment(s) was/were adopted by the incorporaction was not required.	orators without shareholder action and shareholder	
Dated 07/01/2014		
Signature	AHO .	
(By a director, president or	other officer if directors or officers have not bee	n
selected, by an incorporate appointed fiduciary by that	or – if in the hands of a receiver, trustee, or other co	urt
	JUAN P. FALCON M.D	
	Typed or printed name of person signing)	
	OWNER	
	(Title of person signing)	