

P13000014209

8/25/2013 FRI 12:12 PM FAX No. P.001

10/2/2013 Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
HEALTH MEDICAL CENTER FIRST CHOICE INC**

Certificate of Status	0
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Page Count	05
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Amend
10/10/13

OCT/25/2013/FRI 12:14 PM

FAX No.

P.002



October 25, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

HEALTH MEDICAL CENTER FIRST CHOICE INC
1140 W 50 ST., SUITE 400B
HIALEAH, FL 33012

SUBJECT: HEALTH MEDICAL CENTER FIRST CHOICE INC
REF: P13000014209

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must also contain the address of the registered agent which must be at a Florida street address.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H13000236815
Letter Number: 213A00024917

RECEIVED
13 OCT 25 PM 12:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

OCT/25/2013/FRI 12:14 PM

FAX No.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 25 AM 10:28

Articles of Amendment
to
Articles of Incorporation
of

HEALTH Medical Center FIRST CHOICE INC

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

P130000014209

(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

Linda White

1140 W 50ST. STE: 400B

(Florida street address)

New Registered Office Address

Hialeah

(City)

Florida

33012

(Zip Code)

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.

White
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:

☒ Change PT John Doe
☐ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change

P

Marta Garcia

1140 W 50 ST

☐ Add

SUITE 400B

☒ Remove

Hialeah FL 33012

2) ☐ Change

P

Linda White

1140 W 50 ST

☒ Add

SUITE 400B

☐ Remove

Hialeah FL 33012

3) ☐ Change

☐ Add

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

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F. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

8. 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)

The date of each amendment(s) adoption: 10-16-13
Effective date if applicable: 10-16-13
(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.

Dated 10-16-13

Signature L. White

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Linda White

(Typed or printed name of person signing)

President

(Title of person signing)