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3/27/2014

FAX No.

P: 001/005

Division of Corporations

# Florida Department of State

Division of Corporations

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MAR 28 2014

R. WHITE

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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

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FAX No.

P: 002/005

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)

**P13000014209**

(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)

**807 CAROL AVENUE  
NEW SMYRNA BEACH  
FL, 32169**

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

**807 CAROL AVENUE  
NEW SMYRNA BEACH  
FL, 32169**

**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:

**RAFAEL OLIVERA**

**807 CAROL AVENUE**

(Florida street address)

New Registered Office Address:

**NEW SMYRNA BEACH**

**Florida 32169**

(City)

(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.*

*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, SY as an Add.

Example:

☒ Change      PT      John Doe

☒ Remove      V      Mike Jones

☒ Add      SY      Sally Smith

| Type of Action<br>(Check One)              | Title | Name             | Address           |
|--|-------|------------------|-------------------|
| 1) <input type="checkbox"/> Change         | P     | EZEQUIEL S CASAS | 1140 W 50 ST      |
| <input type="checkbox"/> Add               |       |                  | SUITE 400B        |
| <input checked="" type="checkbox"/> Remove |       |                  | HIALAHE, FL 33012 |
| 2) <input type="checkbox"/> Change         | P     | RAFAEL OLIVERA   | 807 CAROL AVENUE  |
| <input checked="" type="checkbox"/> Add    |       |                  | NEW SMYRNA BEACH  |
| <input type="checkbox"/> Remove            |       |                  | FL, 32169         |
| 3) <input type="checkbox"/> Change         |       |                  |                   |
| <input type="checkbox"/> Add               |       |                  |                   |
| <input type="checkbox"/> Remove            |       |                  |                   |
| 4) <input type="checkbox"/> Change         |       |                  |                   |
| <input type="checkbox"/> Add               |       |                  |                   |
| <input type="checkbox"/> Remove            |       |                  |                   |
| 5) <input type="checkbox"/> Change         |       |                  |                   |
| <input type="checkbox"/> Add               |       |                  |                   |
| <input type="checkbox"/> Remove            |       |                  |                   |
| 6) <input type="checkbox"/> Change         |       |                  |                   |
| <input type="checkbox"/> Add               |       |                  |                   |
| <input type="checkbox"/> Remove            |       |                  |                   |

P. 004/005

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The date of each amendment(s) adoption: 3/25/2014 if other than the date this document was signed.

Effective date if applicable: 3/25/2014  
(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.

Dated 3/25/2014

Signature   
(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)

EZEQUIEL S CASAS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)