P13000034268

(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phon	e #)		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

13 SEP 30 AM 8: 03 SECRETARY OF STATE

APPROVED AND FILED

C. LEWS

OCT 9 2013

EXAMINER

COVER LETTER

TO:	Amendment Section			
	Division of Corporations			

	SIS MEDICAL CENT	TER INC.			
DOCUMENT NUMBER: P13000034268					
The enclosed Articles of Amendment and fee	are submitted for filing.				
Please return all correspondence concerning the	his matter to the following:				
UVALDO GO	NZALEZ				
	Name of Contact Perso	n			
GENESIS ME	EDICAL CENTER IN	IC			
-	Firm/ Company				
5845 SW 8 S	TREET				
	Address				
MIAMI, FL 33	144				
	City/ State and Zip Cod	le			
uvaldo1972@yat	100.es				
<u> </u>	o be used for future annual report	notification)			
For further information concerning this matter	r. please call:				
UVALDO GONZALEZ (305) 218-1628					
Name of Contact Person	Area Co	ode & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee S43.75 Filing Fee Certificate of St	_	Certificate of Status Certified Copy (Additional Copy is enclosed)			
► <u>Mailing Address</u> . Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameni Divisi Cliftor	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

7864108947 APPROVEU p.2 AND FILED

Articles of Amendment to Articles of Incorporation of 13 SEP 30 AM 8: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

GENESIS MEDICAL CE	NTER INC.		DOCETT CONIDA
(Name of Corporation as	currently filed with the	Florida Dept. of State)	
P13000034268			
(Documer	it Number of Corporation ((if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the f	ollowing amendment(s) to
A. If amending name, enter the new na	me of the cornoration:		
N/A			The new
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa B. Enter new principal office address, (Principal office address	tion," or the abbreviation if applicable:		e must contain the
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	<u>cable:</u> OFFICE BOX)	N/A	
D. If amending the registered agent an new registered agent and/or the new	v registered office addres		
Name of New Registered Agent	N/A		
	(Florida si	reet address)	
New Registered Office Address:		, Florida	
	(City	ij (Zip C	ode)
New Registered Agent's Signature, if cl			vsition.
Sig	gnature 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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Tide</u>	<u>Name</u>	Address
1) Change	VP	LEYVA GIJON,LILET A	5845 SW 8 STREET
Add			MIAMI, FL 33144
X Remove			
2) Change			
Add			
Remove			
3) Change	_		
Add			
Remove			
4) Change			
Add			
Remove			***************************************
5) Change			
Add			
Remove			
6) Change			
_			
Add			
Remove			

	nal sheets, if necessa	ny). (Be sp	ecific)			
/A						
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		<u>. </u>				
						
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Sep 25 13 10:26a

Quiros Consulting Service

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	09/23/2013	13 SEP 30 AM 8: 03
The date of each amendment(s) ado date this document was signed. Effective date if applicable:	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	(-
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes of cient for approval.	east for the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups ach voting group entitled to vote separately on	s. The following statement the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for app	proval
by	(voting group)	"
The amendment(s) was/were adoptaction was not required.	ted by the board of directors without sharehold	er action and shareholder
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder ac	ction and shareholder
Dated_09/23	12013 ₁	
(By a dir selected.	ector, president or other officer – if directors or by an incorporator – if in the hands of a received diductary by that fiductary)	
Į	ÚVALDO GONZALEZ	, -
_	(Typed or printed name of per	son signing)
_	PRESIDENT	
_	(Title of person signing	ng)