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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I2000000019

: (305)552-5973 Phone

fax Number : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Emmil Address:

> COR AMND/RESTATE/CORRECT OR O/D RESIGN SOUTHEAST MEDICAL CAMPUS, INC.

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October 22, 2013

FLORIDA DEPARTMENT OF STATE

SOUTHEAST MEDICAL CAMPUS, INC. Division of Corporations

1405 NW 167 STREET

MIAMI GARDENS, FL 33169

SUBJECT: SOUTHEAST MEDICAL CAMPUS, INC.

REF: P13000083235

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 current name of the entity is as referenced above. Please correct your document accordingly.

Period after (INC).

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

Irene Albritton Regulatory Specialist II FAX Aud. #: H13000233613 Letter Number: 213A00024577

RECEIVED

13 OCT 22 PM 4: 20

OVISION OF CONTRACTOR OF TALL PHASSEE FLORIONS

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Articles of Amendment to Articles of Incorporation

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lorida Dept. of State)
f known)
Florida Profit Carparation adopts the following amendment(s) to
The new on," 'company," or 'incargorated' or the obbreviation 'Co". A professional corporation name must contain the 'P.4."
1405 NW 167 STREET
SUITE 204
MIAMI GARDENS, FL 33169
1405 NW 167 STREET
SUITE 204
MIAMI GARDENS, FL 33169
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TERA, JR
STREET, STE 204
roct cultivisi
NS Florida 33169
(Ap Code)
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<u>e.</u> with and accept the obligations of the position.

Page 1 of 4

Signature of New Registered Agent. If changing

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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 = Treasure: C = Chalman 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 affice 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 F, 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	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	SY	Sally Smith			
Type of Action (Check One)	Title	N:	me		Address
1) Change	D	E	DUARDO CANTERA,	JR	1405 NW 167 STREET
Add					SUITE 204
Remove					MIAMI GARDENS FI 33169
2) Change					
					46.456
Remove			,		
3) Change					
Add					
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Page 3 of 4

H13000033513

The date of each amendment(s) at	loption: 10-41-15	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendoscut file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fillelent for approval.	
	waved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the ameridment(s):	
	for the amendment(s) was/were sufficient for approved	
by	ivoling group	
•	огония детар	
The amendment(s) was/vere add action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were addaction was not required.	opted by the incorporators without shareholder action and shareholder	
Dated OCTOB	ER 21, 2013	
Signature	£	
(By a d selecto	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	, .
	EDUARDO CANTERA JR	
	(Typed or printed mane of person signing)	_
~ ;	DIRECTOR	
	i Title of person signing)	