

P14000003806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

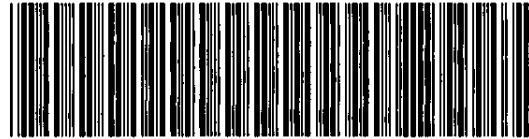
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600265404216

10/17/14--01025--017 \*\*52.50

FILED  
14 OCT 17 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: **GOLD MEDICAL CENTER, INC**

DOCUMENT NUMBER: **P14000003806**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**JORGE A. GONZALEZ**

Name of Contact Person

**GOLD MEDICAL CENTER, INC**

Firm/ Company

**949 SW 122 AVE**

Address

**MIAMI FL, 33184**

City/ State and Zip Code

**goldmedicalcenter@yahoo.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JORGE A. GONZALEZ**

Name of Contact Person

at ( **305** ) **298-5307**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
14 OCT 17 PM 3:16  
TALLAHASSEE, FL  
SECRETARY OF STATE

Articles of Amendment  
to  
Articles of Incorporation  
of

**GOLD MEDICAL CENTER, INC**

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

**P14000003806**

(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:**

**SAME NAME**

*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**)

**949 SW 122 AVE**

**MIAMI FL, 33184**

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

**SAME AS ABOVE**

**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*

**JORGE A. GONZALEZ**

**949 SW 122 AVE**

(Florida street address)

*New Registered Office Address:*

**MIAMI**

(City)

Florida

**33184**

(Zip Code)

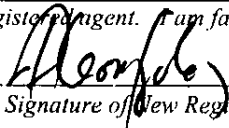
SECRET  
TALLAHASSEE  
FEB 1 1993

14 OCT 17 PM 3:16

FILED

**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, SV as an Add.*

**Example:**

X Change                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P</u>	<u>MICHAEL W. FORMISANO</u>	<u>8650 49 ST NORTH</u>
<input type="checkbox"/> Add			<u>SUITE B</u>
<input checked="" type="checkbox"/> Remove			<u>PINELLAS PARK, FL 33782</u>
2) <input type="checkbox"/> Change	<u>P</u>	<u>JORGE A. GONZALEZ</u>	<u>949 SW 122 AVE</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI FL, 33184</u>
<input type="checkbox"/> Remove			
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			

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach *additional sheets, if necessary*). (Be specific)

[illegible]

**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)

[illegible]

The date of each amendment(s) adoption: 10/01/2014, if other than the date this document was signed.

Effective date if applicable: 10/01/2014  
(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 10/01/2014

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)

MICHAEL W. FORMISANO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED  
14 OCT 17 PM 3:16  
SECRETARY  
ALLA BERRY