

7/21/23, 2:24 PM

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**  
**VELPEM MEDICAL CENTER CORP**

|                       |         |
|-----------------------|---------|
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Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment  
to  
Articles of Incorporation  
of

VELPEM MEDICAL CENTER CORP

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

PI5000016234

(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. (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:**

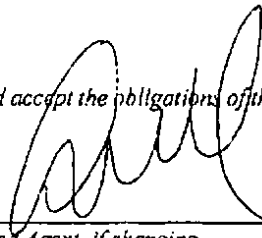
Name of New Registered Agent Vivionka Javin  
4055 NW 97<sup>TH</sup> Avenue, Suite 102,  
Doral, Florida 33178

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(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

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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<br>(Check One)      | Title   | Name                    | Address           |
|------------------------------------|---------|-------------------------|-------------------|
| 1) <input type="checkbox"/> Change | D       | LEONARDO M. ALLENDE, MD | 4055 NW 97 AVENUE |
| <input type="checkbox"/> Add       |         |                         | SUITE 102         |
| XX <input type="checkbox"/> Remove |         |                         | DORAL, FL 33178   |
| 2) <input type="checkbox"/> Change | Officer | ROXANA RODRIGUEZ, APRN  | 4055 NW 97 AVENUE |
| <input type="checkbox"/> Add       |         |                         | SUITE 102         |
| XX <input type="checkbox"/> Remove |         |                         | DORAL, FL 33178   |
| 3) <input type="checkbox"/> Change | P       | MARIA D. OLIVERA        | 4055 NW 97 AVENUE |
| XX <input type="checkbox"/> Add    |         |                         | SUITE 102         |
| <input type="checkbox"/> Remove    |         |                         | DORAL, FL 33178   |
| 4) <input type="checkbox"/> Change | P       | SAMANTHA PINO           | 4055 NW 97 AVENUE |
| XX <input type="checkbox"/> Add    |         |                         | SUITE 102         |
| <input type="checkbox"/> Remove    |         |                         | DORAL, FL 33178   |
| 5) <input type="checkbox"/> Change | P       | VIVIANKA LAVIN          | 4055 NW 97 AVENUE |
| XX <input type="checkbox"/> Add    |         |                         | SUITE 102         |
| <input type="checkbox"/> Remove    |         |                         | DORAL, FL 33178   |
| 6) <input type="checkbox"/> Change |         |                         |                   |
| <input type="checkbox"/> Add       |         |                         |                   |
| <input type="checkbox"/> Remove    |         |                         |                   |



The date of each amendment(s) adoption: 12/19/2022 if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ 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)

Dated 12/19/2022

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)

LEONARDO M. ALLENDE, MD

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

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