P15000027293

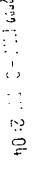
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: ALLIANCE MED	ICAL CENTER INC			
DOCUMENT NUME					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	MICHEL POITEVIEN				
	Name of Contact Person				
	ALLIANCE MEDICAL CENTER INC				
		Firm/ Company			
	6245 MIRAMAR PKWAY STE 102				
	Address				
	MIRAMAR/FLORIDA 33023				
	City/ State and Zip Code				
	ALLIANCEMEDICALCEN	TER6245@GMAIL.COM			
		sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
MICHEL POITEVIEN		954 at (488-4609		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depo	artment 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ALLIANCE MEDICAL CENTER INC.

(Name	of Corporation as currently	filed with the Florida	Dept. of State)	
P15000027293				
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	Horida Profit Corpora	tion adopts the following ame	ndment(s) to
A. If amending name, enter the new n	ame of the corporation:			
NA			'ru	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association.	Corp," "Inc," or "Co". A	ompany," or "incorpor professional corporal	The ated" or the abbreviation Coion name must contain the	new orp.," word
B. F			-:	
B. Enter new principal office address, (Principal office address MUST BE A 5				
, 3,	,			L
				•
				}
C. Enter new mailing address, if appl				<u>.</u>
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)			
			·	
				
D. If amending the registered agent as		ess in Florida, enter tl	ne name of the	
new registered agent and/or the ne				
Name of New Registered Agent	JEAN ALEXANDRE			
	(Florida stre	et address)		
	6245 Miramar Pkway, Ste 1	02/ Miramar	33023	
<u>New Registered Office Address:</u>		City)	, Florida	
	,,	(10)	(Zif) Chae)	
New Registered Agent's Signature, if o	hanging Registered Agent:			
I hereby accept the appointment as regis		ith and accept the oblig	gations of the position,	
		$\alpha / /$		
	(b)		1-e	
	(400)	Mezena		
	Signative of New Re	gist b reft Agent, if chan	ging	
Check if applicable				
☐ The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11) (e	e), 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)

Example:

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	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	MICHEL POITEVIEN	6245 Miramar Pkway, Ste 102
Add			Miramar, Fl 33023
Remove			
2) Change	VDMgr	EDWING JEAN BAPTISTE	6245 Miramar Pkway, Ste 102
X Add			Miramar, Fl 33023
Remove 3) Change	Mgr	MARIE'S NEMORIN	6245 Miramar Pkwav, Ste 102
Add			Miramar, Fl 33023
X Remove			·
4) X Change	Mgr	JEAN ALEXANDRE	6245 Miramar Pkway, Ste 102
Add			Miramar, Fl 33023
Remove			
5) Change		<u></u>	29 222 223
Add			
Remove			Ċ
6) Change			
Add			<u> </u>
Remove			, t

13 1 ₄ 0 21 11 11				
E. If amending or adding additional sheets, if no	ional Articles, enter cl veessary) — (Re specific	iange(s) here:		
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F. If an amendment provides for implementing	or an exchange, reclass	ification, or cance	ellation of issued sl	nares.
provisions for implementin (if not applicable, indica	ite N/A)	T Contained in the	amendinen usen.	•
·				
	<u> </u>			
			,	
				

The date of each amendment(s) adoption:	, 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 wildocument's effective date on the Department of State's records.	II not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	
	~3
☐ 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.	7009
☐ 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	2: G ¹ 4
Oated 4/37/2032 Signature (By a director, president or other officer – if directors or officers have not been	_
selected, by archeorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
EDWING JEAN BAPTISTE	
(Typed or printed name of person signing)	
VICE PRESIDENT/MANAGER/DIRECTOR	
(Title of person signing)	