P. 00 UE 01:22 epartment of State **Division of Corporations Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H16000291890 3))) H160002918903ABC3 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: **2016 NOA** Division of Corporations Fax Number : (850)617-6380 From: 29 Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : I2000000146 77 Phone (305)444-4994 : Fax Number : (305)444-4977 ي \*\*Enter the email address for this business entity to be used for future  $\Box$ annual report mailings, Enter only one email address please.\*\* Email Address: . . COR AMND/RESTATE/CORRECT OR O/D RESIGN <u>ं</u> स GUERRA MEDICAL CENTER, INC Certificate of Status 0 95≲ VΩN Certified Copy 0 Page Count 05 NE [ NOV 30 2016 Estimated Charge \$35.00 9 I ALBRITTON Electronic Filing Menu Corporate Filing Menu Help

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FAX No.

P. 002

The new

#### Articles of Amendment to Articles of Incorporation of

#### GUERRA MEDICAL CENTER, INC

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

P15000099975

(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:

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 <u>MUST BE A STREET ADDRESS</u> )				-
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	····	TALLALASSEE,	2016 NOV 29 AM	
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the		ڣ	D
new registered agent and/or the new registered office address:			Ö	
Name of New Registered Agent				
(Florida stree	n address)	<del></del>		
New Registered Office Address:	, Florida,			
(*	City)	(Zip Ca	xds)	

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

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## FAX No.

P. 003

If amending the Officers and/or Directors, onter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being addad: (Attach additional shears, if necessary)

John Doc

Please noise the officer/director title by the first letter of the office fills: P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk: CEO = Chief Executive Officer: CFO = Chief Plnancial 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

🗴 Кетвоус

V Mika Jones

PT

Add X	<u>SV Sallv</u> :	Smith	
<u>Type of Astion</u> (Check One)	Tivie	Name	Address
1) Change	<u>٩</u>	AMADOR MARTINEZ PEREZ	7221 SW CORAL WAY
KLAdd			8UITE 206
Remove	·		MIAMI, FL 33155
2) Change	P	CLARA LLANES CONCEPCION	7221 SW CORAL WAY
Add		·	SUTTE 205
K Remove			MIAMI, FL 33155
5) Change			
Add			
4) Chango			
Add			· · · · · · · · · · · · · · · ·
Remoys			
5) Change			
A4d			
Remove			
6)Change			
Add			
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f amending or adding additional Articles, enter ch Attach additional sheets, if necessary). (Be specific)	)			
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an amendment provides for an exchange, reclassi	fication, or car	cellation of iss	ued shares.	
provisions for implementing the amendment if not	contained in th	ie amendment	itself:	
(if not applicable, indicate N/A)				
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# FAX No.

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# P. 005

Effective date <u>If applicable</u> :	ng requirements, this date will not be listed as t cast for the amendment(s) 3. The following statement the amendment(s): proval 
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 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	cast for the amendment(s) 5. The following statement the amendment(s): proval " er action and shareholder tion and shareholder officers have not been
<ul> <li>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.</li> <li>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):</li></ul>	s. The following statement the amendment(s): proval 
<ul> <li>by the shareholders was/were sufficient for approval.</li> <li>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</li></ul>	s. The following statement the amendment(s): proval 
<pre>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.     11/28/2016</pre>	the amendment(s): proval er action and shareholder tion and shareholder officers have not been
<ul> <li>by" (voting group)</li> <li>The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.</li> <li>The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.</li> <li>11/28/2016</li> </ul>	er action and shareholder tion and shareholder
<ul> <li>The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.</li> <li>The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.</li> <li>11/28/2016</li> </ul>	tion and shareholder
<ul> <li>The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.</li> <li>The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.</li> <li>11/28/2016</li> </ul>	tion and shareholder
action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. 11/28/2016	tion and shareholder
Signature <i>Q</i> Clara Llanes Concepcion	
(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)	
CLARA LLANES CONCEPCION	
(Typed or printed name of person signing)	ning)
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