P16 0000 38990

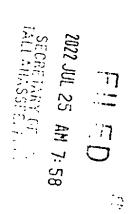
(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

Division of Corporations NAME OF CORPORATION: LA SAIND MEDICAL CENTER THE DOCUMENT NUMBER: _____ P16000038990 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MERCEDES RIPOLL
Name of Contact Person Firm/ Company 2970 VHIVERSITY PKWY Floy
Address SARASOTA, FZ. 34243
City/ State and Zip Code For further information concerning this matter, please call: MERCEDES RIPOLL at (941) 467-6176

Name of Contact Person 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 & □\$43.75 Filing Fee & □S52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

LA SAIUD MEDICAL CENTIER, TNC (Name of Corporation as currently filed with the Florida Dept. of State)

P16000038990

(Doct	ment Number of Corporation (if known)	-
Pursuant to the provisions of section 607,1006, Floring Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopt	s the following amendmen
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word " "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abb	c," or "Co". A professional corporation name	he abbreviation "Corp" must contain the word
B. <u>Enter new principal office address, if applicab</u> (Principal office address <u>MUST BE A STREET AU</u>		
	 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX</u>)	
D. If amending the registered agent and/or regist new registered agent and/or the new registered	ered office address in Florida, enter the name of doffice address:	of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	Flo	orida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accept the obligations of	the position.
Sigi	nature of New Registered Agent, if changing	

Check if applicable

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

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.

Xample. X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
\underline{X} Add	<u>SV</u> <u>Sally Smith</u>	
Type of Action (Check One)	Title Name V. VIANA REYNALDOS	<u>Addres</u> s
1) X Change	D, VP, SECKE HARY	2970 UNIVERSITY PKWY#109
Add		SARASOTA, FL34243
2) X Remove 2) X Change X Add	VP,S MERCEDES RIPUII	2970 UNIVERSITY PKWY #0
Remove 3) Remove Change	<u>.</u>	
Remove 4) Change Add		
Remove 5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

	ects, if necessary).	(Be specific)				
						
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	-	<u>,,</u>				
f an <u>am</u> endment pi	ovides for an exch	ange, reclassificat	ion, or cance	llation of issu	ted shares,	
provisions for imp	lementing the amer	ange, reclassificat ndment if not cont	ion, or cance	llation of issu amendment i	ted shares, tself:	
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provisions for imp	lementing the amer	ange, reclassificat	ion, or cance	llation of issu amendment i	tself:	

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The date of each amendment(s) ado	ntion: 7-20-32	, it other than the
late this document was signed.		
Effective date <u>if applicable</u> :	7 - ラットララ (no more than 90 days after amendment	file date)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing recurrent of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors witho	ut shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast ficient for approval.	for the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The ach voting group entitled to vote separatety on the a	re following statement imendment(s):
"The number of votes east f	or the amendment(s) was/were sufficient for approve	al
by DiRector	(voting group)	"
C:	Jo-22 / Jeffeldeld Lefter of directors or officer - if directors or officer -	A Company and bear
selected	, by an incorporator – if in the bands of a receiver, to ed fiduciary by that fiduciary)	rustee, or other court
	Typed or printed name of person signing	
	PRESIDENT LIN	On 11/ 201101
	(Title of person signing)	/

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