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SECRETARY OF STATE
RATE AHASSEE FLORID.

COVER LETTER

NAME OF CORPORATION: 4 SHEVALDA MEDICAL CENTER COSP. DOCUMENT NUMBER: P1000094036.						
The enclosed Articles of Amendment and fee are submitted for filling.						
Please return all correspondence concerning this matter to the following	2					
Ibelis Hernar	1de2					
Lbelis Hernandez Name of Contact Person CSMEralda Medical center worp						
Firm/ Comp	any					
14100 rainetto r	nontage Ratios					
Firm/Company 14100 PalMetto Frontage Rd + 105 Address MIAMI LUKES R 33016 City/State and Zip Code						
City/ State and Z	lip Code					
N/A						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Tbelis Hernander at 305 342 3335 Name of Contact Person Area Code & Daytime Telephone Number						
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	Certificate of Status					

Mailing Address

TO: Amendment Section

Division of Corporations

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

Articles of Amendment to Articles of Incorporation

of	
Esmeralda Medical center corp	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P16000096036	
(Document Number of Corporation (if known)	

ndment(s) to

(Document Number	r of Corporation (if know	n)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida</i>	a Profit Corporation ad	lopts the following	amendme
A. If amending name, enter the new name of the	e corporation:			
name must be distinguishable and contain the war "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	orp," "Inc," or "Co"	ompany," or "incorpo A professional corpora	rated" or the ab	The new breviation ontain the
B. Enter new principal office address, if applica	ıble:		25 I	
 (Principal office address MUST BE A STREET A C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent 	BOX) stered office address in 1	Florida, enter the name	SEEFFLORIO.	
	(Florida street addr	ess)		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen		daccept the obligations	of the position.	

Signature of New Registered Agent, if changing

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 <u>X</u> Add SV Sally Smith Title Type of Action Address <u>Name</u> (Check One) Ramon Castillo Jose 645/11/100 Palmetto Frontage ld

Suite 105

MIAMI Lakes 12 33016 Change Remove Gonzalez-Hernandez advardo / 14100 la metto Frontage Rd Change Add MIAMILAKUS R 3301L Remove Change Add Remove Change Add Remove Change Add Remove Change

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an

address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Remove

(Attacl	ending or adding addit a additional sheets, if ne	ional Articles, er cessary). (Be s	iter change(s) h pecific)	<u>ere</u> :		
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provi	mendment provides fo isions for implementing if not applicable, indicat	the amendment	eclassification, if not containe	or cancellation of d in the amendm	f issued shares, ent itself:	
						<u>.</u>
						

The date of each amendment(s) adoption:	5/30	ロフ	, if other than the
date this document was signed.	Clair	1.	
Effective date if applicable:	5/30/	11 /	
	(no more than 90 days	s after amendment file date)	
Adoption of Amendment(s) (CHE	ECK ONE)		
The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap	hareholders. The numb oproval.	per of votes cast for the amendment	(s)
The amendment(s) was/were approved by the must be separately provided for each voting g			rent
"The number of votes cast for the amend	lment(s) was/were suffi	cient for approval	
by		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(votin	ng group)		
The amendment(s) was/were adopted by the beaction was not required.	oard of directors withou	ut shareholder action and sharehold	ler
The amendment(s) was/were adopted by the in action was not required.	ncorporators without sha	areholder action and shareholder	
Dated5	20		
Signature			
	porator - if in the hands	drectors or officers have not been s of a receiver, trustee, or other cou	
•	.	Heinandez	
		name of person signing)	
_	pilsio	den T	
	(Title of n	ercon cimina)	