# P17000015373

(Requ	uestor's Name)	
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APR - 5 2017

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: PRIORITY 1 MEDICAL CENTER INC

DOCUMENT NUMBER: \_\_\_\_\_\_P17000015373

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANNA J CUARTAS

Name of Contact Person

PRIORITY 1 MEDICAL CENTER

Firm/ Company

5379 LYONS RD #308

Address

COCONUT CREEK, FL 33073

City/ State and Zip Code

### PRIORITYMEDICALCENTER@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANNA J CUARTAS at (\_\_\_\_\_\_\_) 681-9458 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 & Certificate of Status

S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

<u>Mailing Address</u> 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





N/A	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or vord "chartered." "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2000 N FEDERAL HIGHWAY, #201
Principal office address <u>MUST BE A STREET ADDRESS</u> )	POMPANO BEACH, FL 33062
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5379 LYONS RD #308
Ŭ	COCONUT CREEK, FL 33073
<ol> <li>If amending the registered agent and/or registered office ade new registered agent and/or the new registered office addres</li> </ol>	
new registered agent and/or the new registered office addres          Name of New Registered Agent	
new registered agent and/or the new registered office addres          Name of New Registered Agent	<u></u>

Signature of New Registered Agent, if changing

## 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:

Remove

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 PT John Doe X Remove Y Mike Jones <u>X</u> Add ŞV. Sally Smith Type of Action <u>Title</u> <u>Name</u> <u>Addres</u>s (Check One) 1) X Change PCEO ANNA J CUARTAS 5379 LYONS RD, #308 COCONUT CREEK, FL 33073 \_\_\_\_ Add \_\_\_ Remove VCEO FERNANDO T. MENDOZA 9410 SW 8TH STREET, #5 2) \_\_\_\_ Change Х BOCA RATON, FL 33428 \_ Add Remove 3) \_\_\_\_ Change \_\_ Add Remove 4) \_\_\_\_ Change \_\_ Add Remove 5) \_\_\_\_\_ Change \_\_\_ Add \_ Remove 6) \_\_\_\_ Change \_\_\_\_\_ Add

	(Be specific)	
J/A		
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If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	
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provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares. ndment if not contained in the amendment itself:	
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The date of each amendment(s) adoption: \_\_\_\_

03/13/2017

\_\_\_\_\_, 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 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)

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.

Dated	03/13/2017
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)
	ANNA J CUARTAS

(Typed or printed name of person signing)

PCEO

(Title of person signing)