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.

(((H180001054123)))



H4.90001.0541.23ABC\X

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:	District of Co.			
	Division of Cor	•		
	Fax Number	: (850)617-6380		
From:			<del>,</del> -	
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.		œ
	Account Number	: 1200000000019	-	
	Phone	: (305)552-5973	•	-
	Fax Number	: (305)675-5944	• • •	
		• ,		ယ်
*Enter	the email addres	s for this business entity to be used for futungs. Enter only one email address please.**	rę.,	

## COR AMND/RESTATE/CORRECT OR O/D RESIGN MERCEDES MEDICAL CENTER CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

APR 04 2013

S. YOU. 10

Electronic Filing Menu

Corporate Filing Menu

Help

HJ8000105412

Articles of Amendment

Articles of Incorporation  of
Mercedes Medical Centerroup
Florida Document Number: P18 000014575
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:
Change all addresses to:
Change all addresses to:
FT LAUDERDALE, FLORIDA 33301
5 00
Add TAX ID: 82-4293866 3-
$\omega$
25 35 35 35 35 35 35 35 35 35 35 35 35 35
These articles of amendment were adopted on  The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval  Signatur  Printed Name and Tille
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