P20000015119

Florida Department 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.

(((H24000373184 3)))

H24000373184 3ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
2024 NOV -8 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN
CROSS MEDICAL CENTERS, INC.

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

RECEIVED
2024 NOV -8 PM 4:39

Electronic Filing Menu Corporate Filing Menu Help

A. RAMSEY
NOV 12 2024

FILED

2024 NOV -8 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Cross Medical Centers, Inc.

Florida Document Number: P20000015119

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

Remove
Registered Agent: Remove:
Maria Antoinette Cruz-McGary
1555 N. Krome Avenue
Homestead, FL 33030

Add: Stephen T. Millan Attorney At Law
Reg. Agent: 815 Ponce de Leon Blvd, 3rd Floor
Coral Gables, FL 33134

These articles of amendment were adopted on 11/8/24.

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.

Signature

(P) Maria Antoinette Cruz-McGary

Printed Name and Title

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