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.

(((H20000285209 3)))



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

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 A	ddress:			

## COR AMND/RESTATE/CORRECT OR O/D RESIGN PRIMAVERA MED CENTER CORP

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

Electronic Filing Menu Corporate Filing Menu

03/02/2013 05:32 3052201440

## Articles of Amendment to Articles of Incorporation of

	PRIMAVERA MED CENTER CORP	_ <del>_</del>
Florida Document Number:	P20000056624	
Pursuant to the provisions of section following amendment(s) to its Article	on 607.1006, Florida Statutes, this Florida Profit Corporacles of Incorporation:	ation adopts the
CHANGE ALL ADDRESSES TO:	: 950 SOUTH PINE ISLAND ROAD SUITE 150 PLANT	 ΓΑΤΙΟΝ, FL 33324
ADD TAX ID: 85-1668090		
		20
These articles of amendment were adop	oted on	
The corporation has only one group of votes cast for amendment was sufficien	voting stock. This amendment was approved by the shareholder it for approval.	s and the number of
<u>—</u>	K.L.	
	Signature  KATHERIN SUAREZ (P)	
New Product Land Company	Printed Name and Title	
New Registered Agent's Signature, if ch hereby accept the appointment as registere	hanging Registered Agent: ed agent. I am familiar with and accept the obligations of the position	
<u> </u>	Signature of New Registered Agent, if changing	