## P20000078280

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: EASTERN MEDIC	AL FORT MYERS CORP			
DOCUMENT NUMBER: P20000078280				
The enclosed Articles of Amendment and fee are sub	omitted for filing.			
Please return all correspondence concerning this mat	ter to the following:			
CHRISTIAN DOMINGUEZ				
	Name of Contact Person			
EASTERN MEDICAL FORT	EASTERN MEDICAL FORT MYERS CORP			
	Firm/ Company			
8900 CORAL WAY SUITE 202				
Address				
MIAMI, FL 33165	MIAMI, FL 33165			
	City/ State and Zip Code	;		
E-mail address: (to be us  For further information concerning this matter, pleas	ed for future annual report	notification)		
CHRISTIAN DOMINGUEZ	at (	901-9551		
Name of Contact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio The Co	Address ment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

EASTERN MEDIC	'AL FORT	MYERS	CORP
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EASTERN MEDICAL FORT M	A AYERS CORP	to rticles of Incorporation of n as currently filed with the Florida Dept. o	~
ASTERN MEDICAL FORT N 20000078280	AYERS CORP	O1	2000 6/1
20000078280	TERS CORE		NOV ED
220000078280			15
20000078280	(Name of Corporation	n as currently filed with the Florida Dept. o	1 State)
	(Docume	ent Number of Corporation (if known)	
Pursuant to the provisions of sects Articles of Incorporation:	tion 607.1006, Florida (	Statutes, this <i>Florida Profit Corporation</i> adop	ots the following amendment(
. If amending name, enter th	ie new name of the cor	rporation:	
E.M FORT MYERS CORP			The new
ame must he distinguishable and 'Inc.," or Co.," or the design 'chartered," "professional asso	ation "Corp," "Inc,"	rporation," "company," or "incorporated" or or "Co". A professional corporation name viation "P.A."	the appreviation Corp., the must contain the word
3. <u>Enter new principal office a</u> Principal office address <u>MUST</u>			
C. Enter new mailing address (Mailing address <u>MAY BE</u> )		<u></u>	
<ol> <li>If amending the registered new registered agent and/o</li> </ol>	agent and/or registere or the new registered o	ed office address in Florida, enter the name office address:	of the
Name of New Registere	ed Agent		
		(Florida street address)	
	Address:		Florida
New Registered Office		(City)	(Zip Code)

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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)

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 <math>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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Snuth	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sh	ing additional Arti eets, if necessary).	(Be specific)				
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provisions for imp	provides for an exemplementing the amount ble, indicate N/A)	hange, reclassificendment if not c	cation, or cancel ontained in the a	llation of issued amendment itse	shares, lf:	
		<del>_</del> ,				
		<del>-</del>		·		
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The date of each amendment(s) adopt	tion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, the timent of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	d by the shareholders. The number of votes east for the amendatient for approval.	nent(s)
☐ The amendment(s) was/were approve must be separately provided for each	red by the shareholders through voting groups. The following stack the voting group entitled to vote separately on the amendment(s).	atement :
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
selected, by appointed to CH	tor, president or other officer – if directors or officers have not by an incorporator – if in the hands of a receiver, trustee, or othe fiduciary by that fiduciary)  IRISTIAN DOMINGUEZ  (Typed or printed name of person signing)  RESIDENT	been/r court
<del></del>	(Title of person signing)	