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Division of Corporations
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN JOYFUL MEDICAL CENTER, CORP

| Certificate of Status | 0       |
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| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$35.00 |

JUN 2 9 2021

S. PRATHER

No. 5454 7. 4

Jun. 25. 2021 4:06PM DEPUY

## Articles of Amendment

| •   | Articles of Incorporation of                            |  |                             |          |
|---|---|--|-----------------------------|----------|
| JOYF  | UL MEDICAL CENTER, CORP                                 |  |                             |          |
| (Name of Corporati  | on as energently filed with the Fl                      | orida Dept. of State)                                    |                             | _        |
| P210  | 000024584   | ·  |                             |          |
| (Docum  | ment Number of Corporation (if k                        | nown)  |                             |          |
| Pursuant to the provisions of section 607.1006, Florid is Articles of Incorporation:  | a Statutes, this Florida Profit Cor                     | poration adopts the following                            | ng amendunent(s)            | to<br>-  |
| . If amending name, enter the new name of the c   | orporation:   |  |                             |          |
| N/A.  |   | · · · · · · · · · · · · · · · · · · ·                    | The new                     |          |
| name must be distinguishable and contain the word "c<br>"Inc.," or Co.," or the designation "Corp," "Inc.<br>"chartered," "professional association," or the abbr | " or "Co". A professional coi                           | orporated" or the abbreviat<br>poration name rsust conta | ion "Corp.,"<br>un the word |          |
| B. Enter new principal office address, if applicable<br>Principal office address <u>MUST BE A STREET AD</u>   | DRESS)  |  | <del></del>                 |          |
| Transpar of the market free of the second   |   |  | <del></del>                 | ,        |
|   |   |  | 2021<br>ALL                 | ,<br>,   |
|   | <del></del>   |  | J.J.K                       | <u>:</u> |
| C. Enter new mailing address, if applicable:  | ·   |  | - X                         |          |
| (Mailing address MAY BE A POST OFFICE B   | <u></u>   | . :  | min co                      | , ;      |
|   | <del> </del>  |  |                             | P !      |
| •   |   |  | ညာႏ <u>ှ</u> တ်<br>ကြည်     |          |
| ·   |   |  | 10 mm C                     |          |
| D. If amending the registered agent and/or regist   | tered office address in Florids, e                      | gter the name of the                                     | <b>.</b> C.                 | ,        |
| new registered agent and/or the new registere   | a office soutess.                                       |  | •                           |          |
| Name of New Revistored Agent  |   |  | _ <del>_</del>              |          |
|   | •   | _  |                             |          |
| ·   | (Florida street address)                                |  | <del>-</del> .              |          |
| New Registered Office Address:  |   | Florida  |                             |          |
| New Revaler of Other Address  | (City)  | . (Zi  | p Code)                     |          |
| •   |   |  |                             |          |
| New Resistered Agent's Signature, if changing R I hereby accept the appointment as registered agent   | segistered Agent:<br>t. I am familiar with and accept t | he obligations of the position                           | 1.                          |          |
| Si  | gnature of New Registered Agent,                        | fchanging  |                             |          |
|   |   |  |                             |          |

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

No. 5454

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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 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 us John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

| · Vousnike                    | <u>F1</u>   | 10m nos.           |                       |
|-------------------------------|-------------|--------------------|-----------------------|
| X Remove                      | <u>v</u>    | Mike Jones         | ·                     |
| X Add                         | <u>sv</u>   | Sally Smith        |                       |
| Type of Action<br>(Check One) | Title       | <u>Name</u>        | <u>Addres</u> s       |
| 1) Change                     | VP          | , VIVIAN RODRIGUEZ | 2336 CLEVELAND AVENUE |
| Add                           |             |                    | Suite C               |
| X Remove                      |             |                    | CAPE CORAL 33901      |
| 2) Change                     | VP          | VIVIAN RODRIGUEZ   | 2336 CLEVELAND AVENUE |
| X Add                         |             | •                  | SUITE C               |
| Remove 3) Change              |             | <del>-</del>       | FORT MYERS, FL 33901  |
| Add                           |             | •                  |                       |
| Remove                        |             |                    |                       |
| 4)Change                      | <del></del> |                    |                       |
| Add                           |             | •                  |                       |
| Remove                        |             |                    |                       |
| 5) Change                     |             |                    | <del></del>           |
| Add                           |             |                    |                       |
| Remove                        |             |                    |                       |
| 6) Change                     |             |                    |                       |
| Add                           |             |                    |                       |
| Remove                        |             |                    |                       |

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|                | er adding additional Ar   | (Be specific)      | ==(3) Rel 4:    |                    | •           |              |
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| Provisions for | nt provides for an exch<br>implementing the amer<br>icable, indicate N/A) | ange, reclassifica | tion, or cancel | ation of issued sl | ares.       |              |
| (if not appl   | icable, indicate N/A)   | antreden Not con   | trined in the a | mendment itself:   |             |              |
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(Typed or printed name of person signing)

(Title of person signing)

DAISY LORENZO :

PRESIDENT