Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and usednas a cover sheet. Type the fax airlit number (shown below) obther op and bottom of all pages of the document.

(((H24000316746 3)))



H240003187463ABC0

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 : I2000000019
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:\_\_

## COR AMND/RESTATE/CORRECT OR O/D RESIGN METROPOLITAN HEALTH CARE GROUP INC

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

Umills

Electronic Filing Menu

Corporate Filing Menu

Help

## Articles of Amendment to Articles of Incorporation of

Metropolitan Health Care Group Inc (Name of Corporation as currently filed with the Florida Dept. of State) P220000022950 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent New Registered Office Address: 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

Check if applicable

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

ch additional sheets, if necessary).	ticles, enter change (Be specific)			
	_ <del></del>			
			_	
	<u> </u>			
<del></del>				
	··			
an amendment provides for an e	rchange, reclassifi	cation, or cancel	lation of issued sh	ares.
provisions for implementing the a	<u>imendment if not c</u>	ontained in the a	mendment itself:	,
(if not applicable, indicate N/A	)			
			<del></del>	
<del></del>				

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

X Change	PT	John Doc				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	Name	Address			
1) X Change	S	Osmani Placencia	6510 North University Dr			
Add			Tamarac, FL 33321			
Remove						
2) X Change	P	Tejeda Capital Investments, Inc	6510 North University Dr.			
Add			Tamarac, FL 33321			
Remove Change						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

3/16/2013	21:37	3052201440	LAZARUS CORPORATE	PAGE 05/05
The date of o	each amend iment was si	ment(s) adoptio gned.	1:	, if other than the
Effective dat	e <u>if applicat</u>	ole:		
			(no more than 90 days after amendment file date)	
Note: If the document's e	date inserted ffective date	l in this block do on the Departme	pes not meet the applicable statutory filing requirements, this date not of State's records.	will not be listed as the
Adoption of	Amendmen	i(s)	(CHECK ONE)	
The amend action was	dment(s) was not required	/were adopted b	r the incorporators, or board of directors without shareholder action	and shareholder
The amend by the sha	dment(s) was weholders wa	/were adopted b	the shareholders. The number of votes east for the amendment(s) for approval.	
The amend must be se	dment(s) was eparately pro	were approved avided for each v	by the shareholders through voting groups. The following statement offing group entitled to vote separately on the amendment(s):	ı
''The	number of	otes cast for the	amendment(s) was/were sufficient for approval	
by _	·		n	
			(voting group)	
	Dated	9-	11-24	
	31 <u>8</u> 112(tt	(B) a director,	president or other officer - if directors or officers have not been incorporator - if in the hands of a receiver, trustee, or other court ciary by that fiduciary)	<del></del>
		(	Osmani Placencia	7
			(Typed or printed name of person signing)	

(Title of person signing)

LAZARUS CORPORATE

09/15/2013 21:37 3052201440