

01/02

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.

(((H24000200880 3)))



H240002008803ABCY

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 : 120000000019 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 MAS VIDA MEDICAL CENTER CORP

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

Electronic Filing Menu

Corporate Filing Menu

Help

## Articles of Amendment to Articles of Incorporation

	of	
MAS VIDA MEDICAL CENTER CORP		

	mber: <u>P2400008609</u>			
Pursuant to the provision following amendment(	ons of section 607.1006, Fl s) to its Articles of Incorpo	lorida Statutes, this Floridoration:	da Profit Corporation	adopts the
ADD EIN : 99-11230	72			
			<del></del>	2621
				724 JUL
			3.1	1
		<u></u>	<del></del>	国国
			i es	300
			17.	2.
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
nese articles of amendme	ent were adopted on 06/07/			
he comoration has only o	one group of voting stock. The was sufficient for approval.		l by the shareholders and	the number of
		1		
		Signature	<del></del>	•
	Leticia Menes -	President		;,
nu Davistana A 41				
w Rogistered Agent's Si ereby accept the appointme	gnature, if changing Register ant as registered agent, I am fam	ed Agent: siliar with and accept the obliga-	ations of the position.	•