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(((H120002336503)))



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To:

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)220-1440

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Rmail Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN PELAYO MEDICAL CENTER, INC.

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		Articles of	Amendment	
			to	
			ncorporation 	
	10-1.		of _1	
	PELAYO	MEDICAL	CENTER IN	/ C -
	(Name of Corporat	ion as currently filed with the	Florida Dept. of State)	
	ρο	130000 227	7	
		current Number of Corporation	,	
_		• • •		
Pursuant	to the provisions of section	a 607.1006, Florida Statutes, th	is Florida Profit Corporation s	adopts the following amendment(s) to
its Aruci	es of Incorporation:			
A. If an	ending name, enter the n	ew name of the corporation:		
	PMC M	EDICAL CE	itea com	
				The new
name m	ust be distinguishable an	d contain the word "corporat	ion," "company," or "incorp	porated" or the abbreviation
"Corp	"Inc.," or Co.," or the	designation "Corp," "Inc," or ssociation," or the abbreviation	"Co". A professional corpoi	ration name must contain the
wora cr	narierea, projessional a	isociation, or the abbreviation	1 "P.A.	'9 • 'N:
B. Ente	r new principal office add	ress, if applicable:		7.0
		E A STREET ADDRESS)		- E E E
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C Ent	er new mailing address, if	annliankla.	·	5.
	ling address MAY BE A P			三 是 四
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- 1				
D. If an	ending the registered age	ent and/or registered office ad-	draw is Florida sesses the man	
new :	registered agent and/or fi	ne new registered office addre	er.	me or the
1	•			•
1	Name of New Registered A	gent SONIA	I. KENIE	MD.
		10250	I. RENTE SW 16 ST	-
			treet address)	-
1	New Registered Office Add	ress: MiAni	T71 2-	33/65
*	TEN ESPENIEN ON ASSISTED TIME	(Cit))	33/65 (Zip Code)
i	1	` '	•	/ I/

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

Page 1 of 4

H12000233000

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 upie 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.

X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	·
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	<u>Address</u>
(Change	PS	SONIA I. RENTE, MD	
X Add			MIAMI FL 3316
Remove			
2) X Change	<u>V, D, T</u>	MIREYA MANZANO	5900 SW 97ct
Add		•	MÎAMI FL 33173
Remove 3) Change	\mathcal{D}	JOSE PELAYO DC	6767 Collins Ave
Add			APT 1000
Remove			MiAmi BEACH, FL 33141
4) Change			
Add			
Remove			
5) Change			
Add			
Remove		•	
6) Change			
Add			
Remove			
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	sheets, if necessary).	(Be specific)			
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th amendment	provides for an exch plementing the ame	tange, reclassifica	tion, or cancella	tion of issued sha	ires.
(if not applica	ble, indicate N/A)		TOTAL TOTAL OF THE STATE OF THE	TOTAL TOTAL	
1 1					
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	N C	100			

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	. •				
The dat	e of each s	mendment(s) a	doption:	09/2	1/2012
Effective	e date <u>if a</u>	anlies blov		09/21/	20/12.
Enecus	e date <u>ir z</u>	Thurstone:	(ne	o more than 90 days af	tar amundment file date)
Adopto	on of Amet	dment(s)	(CHECI	K ONE)	
The by the	amendmen ac sharehol	(s) was/were ad ders was/were s	opted by the shar ufficient for appro	eholders. The number	of votes cast for the amendment(s)
☐ The a	amentiment the separa	(s) was/were ap tely provided for	proved by the share each voting grow	weholders through voti up entitled to vote sepa	ng groups. The following statement rately on the amendment(s):
	"The num	ber of votes cast	for the amendme	ent(s) wat/were sufficie	nt for approval
ŀ	by		(voting ;		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
- {			(voling g	group)	•
The a	amendment n was not r	(s) was/were ad equired.	opted by the boar	d of directors without s	hareholder action and shareholder
The a	aneudment n was not r	(s) was/w <i>ere ad</i> equired.	opted by the incom	rporators without share	holder action and shareholder
	I	Dated	09/2	1/2012	
	s	ignature	Wireya	1/2012 Man	ano
		selecte	lifector, president d, by an incorporated fiduciary by t	ator - if in the hands of	ectors or officers have not been a receiver, trustee, or other court
		• •	•		MANZANO crson signing)
			(Туре	ed or printed name of p	erson signing)
			Pe	Esident	·
}	- }		{T	itle of person signing)	