

P 94000048879

Florida Department of State  
Division of Corporations  
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((H04000171997 3)))

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**BASIC AMENDMENT**  
**EVELYN MEDICAL CENTER INC.**

Certificate of Status	0
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Amend  
JRM  
8/25/04

Aug 24 2004 11:34AM Raul Ricardo CPA

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p.1

Department of State 8/24/2004 9:48 PAGE 1/1 Right FAX



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 24, 2004

EVELYN MEDICAL CENTER INC.  
1840 W 49 STREET  
#502  
HIALEAH, FL 33012

SUBJECT: EVELYN MEDICAL CENTER INC.  
REF: P94000048879

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Michelle Milligan  
Document Specialist

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To	Michelle Milligan	From	Marlene Ricardo		
On/Dept	Document Specialist	F	Raul Ricardo, C.P.A., Esq.		
Phone	(850) 245-6027	Phone	(305) 829-5736		
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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**H040001719973**Articles of Amendment  
to  
Articles of Incorporation  
of**Evelyn Medical Center, Inc.**

(Name of corporation as currently filed with the Florida Dept. of State)

**Doc. # P94000048879**

(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:

**NEW CORPORATE NAME (if changing):**

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered," "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

**Principal Address:**

~~Please Change the principal address to 1840 W. 49th St., Suite # 227, Hialeah, Florida 33012~~

~~(Please change the mailing address to reflect the same as the principal Address)~~

**Registered Address:**

~~Please delete Nordis F. Martinez~~

~~Please add Jose Luis Brice (Same address as above)~~

~~(Please see Certification of Registered Agent.)~~

**Officer/Director:**

~~Please delete Nordis F. Martinez, Director~~

~~Please add Jose Luis Brice (Same address as above)~~

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

**H040001719973**  
(continued)FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**H040001719973**

The date of each amendment(s) adoption: 8/23/04

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_"  
(voting group)

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 23rd day of August, 2004

Signature



(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Jose Luis Erice

(Typed or printed name of person signing)

Director

(Title of person signing)

**FILING FEE: \$35**

**H040001719973**

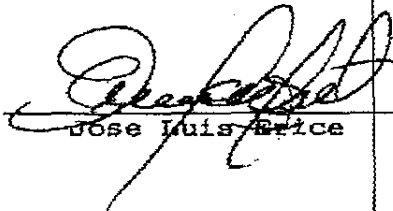
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**ARTICLES OF INCORPORATION**

EVELYN MEDICAL CENTER, INC.

**CERTIFICATION OF REGISTERED AGENT**

Having been named to accept service of process for the above Corporation at the place designated in these Articles of Incorporation, I hereby agree to act in this capacity, and I further comply with the provisions of all statutes relative to the proper and complete performance of my duties.



Jose Luis Price

8/23/04

Date

H040001719973