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Florida Department of State  
Division of Corporations  
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(((H05000241938 3)))

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To:

Division of Corporations  
Fax Number : (850) 205-0380

From:

Account Name : RAUL RICARDO, C.P.A.  
Account Number : I19990000200  
Phone : (305) 825-4777  
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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

05 OCT 13 PM 2:05

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05 OCT 13 AM 8:00

DIVISION OF CORPORATIONS

BASIC AMENDMENT

EVELYN MEDICAL CENTER INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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Amend

**H050002419383**

**Articles of Amendment  
to  
Articles of Incorporation  
of**

**Evelyn Medical Center, Inc.**

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

**P94000048879**

(Document number of corporation (if known))

**FILED**  
**05 OCT 13 PM 2:05**  
**CLERK OF STATE**  
**TALLAHASSEE, FLORIDA**

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)**

**Registered Agent - Delete Jose L. Erce and Add Gidalsy Hernandez (Same Address)**

**Officer/Director Detail - Delete Jose L. Erce and Add Gidalsy Hernandez, VPD (Same Address)**

**Also, make Ernesto M. Carralero as President/Director**

(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)

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The date of each amendment(s) adoption: 9/27/05

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.

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)

Gidalsy Hernandez

(Typed or printed name of person signing)

Director

(Title of person signing)

**FILING FEE: \$35**

**H050002419383**

**H050002419383**

**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.

  
\_\_\_\_\_  
Gidalsy Hernandez

9/30/05  
Date

**H050002419383**