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8/1/14

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Galloway DOCUMENT NUMBER: P99000016		cal Center, Inc.		
The enclosed Articles of Amendment and fee are sub	omitted for filing.			
Please return all correspondence concerning this mat	ter to the following:			
Alexander Bor	ell			
Name of Contact Person Alexander Borell, Attorney At Law				
Firm/ Company 320 South Dixie Highway				
West Palm Beach, FL 33401				
	City/ State and Zip Code			
alex@borelllaw.co	om			
E-mail address: (to be us	ed for future annual report	notification)		
For further information concerning this matter, pleas	e call:			
Alex Borell	_{at (} 305	, 275-8825		
Name of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:		
\$35 Filing Fee \$\text{Certificate of Status}\$	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section	Street Address Amendment Section			
Division of Corporations	Amenament Section Division of Corporations			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301 Articles of Amendment to Articles of Incorporation of

Galloway Medical Surgical Center,	Inc.
(Name of Corporation as currently filed with the Flo	
P99000016128	anti nu lo mal'o, oo
(Document Number of Corporation (if k	2014 JUL 18 PM 2: 32
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	SEATTARY OF STATE orida Profit Corpuration ASSESSES DEPLOYING Amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The man
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite B
	Miami, FL 33174
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	825 SW 87th Avenue
	Suite B
	Miami, FL 33174
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent Dr. Roberto E.	Cruz
825 SW 87th A	
(Florida stree	t address)
New Registered Office Address: Miami, FL	, Florida 3340 I
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
Signature of New Registered Ag	ent, if changing

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	<u>PT</u>	John Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change	D	Denio Odoardo	825 SW 87th Avenue	
✓ _{Add}			Suite B	
Remove			Miami, FL33174	
2) Change	VP	Roberto Cruz, Jr.	825 SW 87th Avenue	
Add			Suite B	
Remove			Miami, FL 33174	
3) Change	P	Dr. Roberto E. Cruz	825 SW 87th Avenue	
Add			Suite B	
Remove			Miami, FL 33174	
4) Change				
Add				
Remove			Vac. 11. 11.	
5) Change				
Add				
Remove		,		
6) Change				
Add				
Remove				

(* ********* £	ding or adding	s, if necessary).	(Ra enacific)	etsi nere.		
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The date of each amendment(s) adoption: 07/09/2014	, if other than th
date this document was signed.	, i one man in
Effective date if applicable: 07/09/2014	
(no more than 90 days	ufter amendment file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through vo must be separately provided for each voting group entitled to vote se	
"The number of votes cast for the amendment(s) was/were suffice	cient for approval
by	.,,
(voting group)	
The amendment(s) was/were adopted by the board of directors withou action was not required.	at shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sha action was not required.	areholder action and shareholder
Dated 07/09/2014) Signature	
(By a director, president or other officer – if selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	
Dr. Roberto E. Cruz	
(Typed or printed	name of person signing)
President	
(Title of p	person signing)