## P99000081967

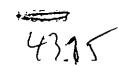
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PICK-UP	■ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	
J. HORNE		
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Office Use Only



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FILED
2022 MAR 25 PH 12: 12

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ACU-MEDICAL C	CENTER, INC	
	ER: P99000081967		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	AHMED KORANY		
•		Name of Contact Perso	n
	ACU-MEDICAL CENTER		
•	<del></del>	Firm/ Company	
	3459 WOOLBRIGHT RD		
-		Address	
	BOYNTON BEACH, FL 334	436	
•		City/ State and Zip Cod	c
	ACUMEDICALCENTER.IN	IC@GMAIL.COM	
		sed for future annual report	notification)
	concerning this matter, pleas		720 2006
AHMED KORANY		at (	738-2800 de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Division The Cl 2415	Address Ilment Section on of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303

## Articles of Amendment to

2022 SEC

	Articles of Inc	corporation	5S =	77
	of		美国 第	
ACU-MEDICAL CENTER, INC.			25 25 25 25 25 25 25	
(Name of Co	orporation as current	ly filed with the Florida Dept. of State		TT
P99000081967				7
	(Document Number of	Corporation (if known)	<u>``</u>	
		•	~ ~ ~ ~	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	5, Florida Statutes, this	Florida Profit Corporation adopts the	following amenda	ment(s) to
A. If amending name, enter the new name	of the corporation:			
N/A			The n	ew
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Corp, "chartered," "professional association," or t	." "Inc," or "Co"	A professional corporation name mus	breviation "Corp.	• • • • • • • • • • • • • • • • • • • •
B. Enter new principal office address, if ap	mlicablar	N/A		
(Principal office address MUST BE A STRE				_
	-			_
				-
C. Enter new mailing address, if applicable		N/A		
(Mailing address MAY BE A POST OFF	TLE BOX)			-
				_
				_
D. If amending the registered agent and/or			<u>.</u>	
new registered agent and/or the new re-	gistered office address	<u>:</u>		
Name of New Registered Agent	<del>\</del>			
	 (Florida sti	reet address)		
	(			
New Registered Office Address:		(City), Florida	(Zip Code)	-
		ic ny)	(Zip Code)	
New Registered Agent's Signature, if chang	ning Registered Agent			
I hereby accept the appointment as registered			osition.	
			<del></del>	
	Signature of New R	Registered Agent, if changing		

## Check if applicable

 $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>Name</u>	<u>Addres</u> s
1) X Change	ν	AHMED KORANY	5867 LA GORCE CIR
Add	-		LAKE WORTH, FL 33463
Remove			
2) X Change	D	MUHAMMED KORANY	5867 LA GORCE CIR
Add			LAKE WORTH, FL 33463
Remove Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change	<u> </u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an 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)
N/A

	3/21/2022	
The date of each amendment(	s) adoption:	, if other than the
date this document was signed.		
	3/21/2022	
Effective date <u>if applicable</u> :	(no more than 90 days after amends	nent file date)
	nis block does not meet the applicable statutory filing the Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators, or board of directors w	ithout shareholder action and shareholder
■ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes or re sufficient for approval.	ast for the amendment(s)
	e approved by the shareholders through voting groups.  If for each voting group entitled to vote separately on t	
"The number of votes	cast for the amendment(s) was/were sufficient for app	oroval
by		w.
Gy	(voting group)	<del></del> ,
Dated	3/20/22	
Signature		
se	y a director, president or other officer – if directors or elected, by an incorporator – if in the hands of a receive pointed fiduciary by that fiduciary)	
	Siham Ali	
	(Typed or printed name of person sign	ning)
	President	
	(Title of person signing)	