F11000003887

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(accomos and, rame,			
(Document Number)			
•			
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Amend Attidav. 7)

11 DEC 28 AM 9: 06
SECRETARY OF STATE
ANALYSES FI OR DA

No 1-41)

<u>COVER_LETTER</u>

TO:	O: Amendment Section Division of Corporations			
SUBJ	BJECT: Argus Enterprises, Inc. dba United Care Gro	oup		
	Name of Corporati	ion		
DOC	OCUMENT NUMBER: F11000003887	<u> </u>		
The en	e enclosed Affidavit by Foreign Corporation to Change/Acomitted for filing.	dd Officer(s) and/or Director(s) and fee are		
Please	ease return all correspondence concerning this matter to the	following:		
Sam	am Kolta			
	Name of Contact Person			
Argu	gus Enterprises, Inc. dba United Care Group			
	Firm/Company			
000	20 Stingen Way Suite 202			
999 Stinson Way Suite 302 Address				
	71441035			
We	/est Palm Beach, FL 33411 City/State and Zip Code			
-	City/State and Zip Code			
امادما	volta@procorintianenlus.com			
Skolta@prescriptionsplus.com E-mail address: (to be used for future annual report notification)				
L	E-man address. (to be used for facure annual report normeaner	,		
For fu	r further information concerning this matter, please call:			
Sam Kolta at (561) 656-1372				
San	Name of Contact Person Area Code & I	656-1372 Daytime Telephone Number		
	Haine of Comact Forson	2.,		
Enclo	closed is a check made payable to the Florida Department of	of State for the following amount:		
	\$\sumset\$ \$\sums	Copy Certificate of Status & Certificate Copy		
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Clifton B 2661 Exe	ent Section of Corporations		

CR2E127 (10/11)







AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

1.	The name of the foreign corporation as it appears on the records of the Florida Department of State is:			
	Argus Enterprises, Inc.	·		
2.	This entity was authorized to transact business in Florida on 09/27/2011 and its Florida d			
	number is F11000003887			
3.	This corporation was formed under the laws of North Carolina			
4.	The name and address of each officer and/or director is as follows:			
<u>Ti</u>	tle:	Name and Address		
President		Sam Kolta		
		11890 Brier Patch Ct		
		Wellington, FL 33414		
General Manager		Siobhan Poveromo		
		1353 Periwinkle Place		
		Wellington, FL 33414		
_				
	(Attach additional page	es if necessary)		
	(Titach additional page	Q: 1 +		
ativ	re of an officer or director	Title of person signing		

Typed or printed name of person signing CR2E127 (10/11)

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to:
Division of Corporations PO Box 6327 Tallahassee, FL 32314