

NO 3000005477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

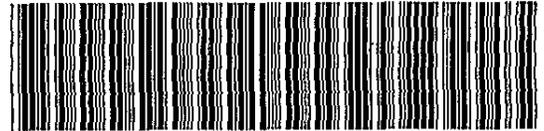
(Business Entity Name)

(Document Number)

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07/22/05-01039-006 #

FILED  
05 AUG 19 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AMEND  
ERG 8/1



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 25, 2005

DOS HEALTH SERVICES, INC.  
300 71ST STREET  
MIAMI BEACH, FL K3314-1

SUBJECT: DOS HEALTH SERVICES, INC.  
Ref. Number: N03000005477

We have received your document for DOS HEALTH SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted an application which does not meet the current requirements of the Florida Statutes. You may complete our current form or amend your application to include the required information.

<sup>FOR</sup> Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist

Letter Number: 205A00048374

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: DOS HEALTH SERVICES, INC.

DOCUMENT NUMBER: N0300000 5477

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORGE R. HERNANDO

(Name of Contact Person)

DOS HEALTH SERVICES

(Firm/ Company)

300 71<sup>ST</sup> STREET, SUITE 410

(Address)

MIAMI BEACH, FL 33141

(City/ State/ and Zip Code)

RECEIVED  
05 AUG 09 AM 8:00  
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

JORGE R. HERNANDO

(Name of Contact Person)

at ( 305 ) 8681830 x104

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee *already paid*
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 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  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

FILED  
05 AUG 19 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

**DOS HEALTH SERVICES, INC.**

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

**NO3000005477**

(Document number of corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

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

**ADDED AMENDMENT 1.0 :**

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization(s), as said Court shall determine, which are organized and operated exclusively for such purposes.

(Attach additional pages if necessary)  
(continued)

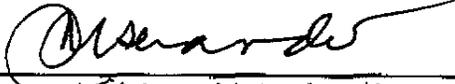
The date of adoption of the amendment(s) was: 7/1/2005

Effective date if applicable: 7/1/2005  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 17<sup>th</sup> day of August, 2005.

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

JORGE HERNANDEZ  
(Typed or printed name of person signing)

Secretary  
(Title of person signing)

FILING FEE: \$35