P02000020458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
05 DEC 16 PM 4:36

PS 12/30/05

NC

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Jacobs Home Care Service Inc.,

DOCUMENT NUMBER: P02000020458

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

Please return all correspondence concerning this matter to the following:

Samantha Brown
(Name of Contact Person)

Jacobs Home Care
(Firm/ Company)

7029 Flint Drive
(Address)

Tampa Fl, 33619
(City/ State and Zip Code)

For further information concerning this matter, please call:

Samantha Brown at (813) 871-1532
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $35 Filing Fee

☑ $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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Jacobs Homecare
7029 Flint Drive Tampa Fl, 33619
813-871-1532 Fax 813-871-1014

12-14-05

Article Of Corporation
Amendment Section

Re: Jacobs Home Care Inc P02000020458- Name Change
Re: Israel Medical Services Inc P05000155365-Dissolve

To whom it may Concern:

Hi, my name is Samantha Brown, I'm writing today to see if I can get a refund on the article of corporation that I filed incorrectly for Israel Medical Services Inc P05000155365. I spoke to a young lady at your facility, who was going to call me back to see if I could get a refund, but she never called. I did not know that I had to amend the corporation for a name change. Enclose in this package is an amendment for Jacobs Home Care Inc, P02000020458 and also a dissolve for Israel Medical Services Inc P05000155365 with the proper payment. I wish that I can find favor and perhaps I can get the refund that would take care of this. But if not, I really don't understand. Please process the paper work on the amendment and dissolve, and change the name of the business for me.

Thank You,

Samantha Brown

Samantha Brown (President)

Israel Medical Service Inc
7029 Flint Drive, Tampa Fl 33619
813-871-1532-fax 813-871-1014

12-30-05

Amendment
Pam Smith
850-245-6957
850-245-6897

Re: Name Change

Pam Smith,
This fax is per our conversation earlier, in reply to not having any intentions of revoking the dissolution of Israel Medical Services Inc P05000155635, please release the name so that I can pursue my business.

Thank You

Samantha Brown (Owner)

ATTN: Pam Smith
850-245-6897

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 16 PM 4:36

Articles of Amendment
to
Articles of Incorporation
of

Jacobs Home Care Service Inc

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

P02000020458

(Document number of corporation (if known)

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):

ISRAEL Medical Services Inc.,

(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)

NA

(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)

NA

(continued)

The date of each amendment(s) adoption: 11-28-05

Effective date if applicable: 11-28-05
(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 Samantha Brown
(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)

Samantha Brown
(Typed or printed name of person signing)

Owner
(Title of person signing)

FILING FEE: $35