P03000093576

(Requestor's Name)
(Address)
(Address)
(Addiess)
-
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusilless Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700360866127

Mone Charge

03/05/21--01019--012 **35.00

2021 HAR -5 AH ||: |4

A RAMSEL

COVER LETTER

TO: Amendment Section
Division of Corporations

Medicor Healthcare, Inc.

Medicor Healthcare, Inc.

DOCUMENT NUMBER: P03000083576

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

Please return all correspondence concerning this matter to the following:

Manuel Delgado, Jr.

Name of Contact Person

Firm/ Company

3403 W. Waters Avenue

Address

Tampa, Florida 33614

For further information concerning this matter, please call:

mdelgado(â)medicor.us

Gregory A. Richards, Jr. at (813) 223-5351

Name of Contact Person Area Code & Daytime Telephone Number

E-mail address: (to be used for future annual report notification)

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

☐\$43.75 Filing Fee & Certificate of Status

S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

City/ State and Zip Code

S52.50 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

(Name of Corporation as current	ly filed with the Florida Dept. of State) WILL FIRE
203000083576	the filed with the Florida Dept. of State) 2021 KAR -5
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendmen
. If amending name, enter the new name of the corporation:	
Nurseprompt, Inc.	The new
name must be distinguishable and contain the word "corporation," 'Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	.1 professional corporation name must contain the word
	N/A
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
This part of the same of the s	
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address 	lress in Florida, enter the name of the
N/A	<u>or</u>
Name of New Registered Agent	
(Florida st	reet address)
(Florida st	reel address)Florida

Check if applicable

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	PT	John Do	<u>oe</u>	
X Remove	<u>Y</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally St	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change			N/A	
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

. If amending or adding additiona (Attach additional sheets, if necessary)	ויאי). (Be specific)			
3/A				
	<u> </u>		<u> </u>	
<u></u>				
	<u> </u>			
<u> </u>				
			 	
		-		<u> </u>
<u> </u>				
If an amendment provides for as provisions for implementing the	exchange, reclassif	ication, or cancell	ation of issued sha	res,
(if not applicable, indicate N	(A)	contained in the a	Maria Maria	
I/A				
				

The date of each	h amendment(s) adoption:, if	other than the
date this docume		, 	
Effective date if	applicable:		
_		(no more than 90 days after amendment file date)	
Note: If the dat document's effect	e inserted in thi	s block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	e listed as the
Adoption of Am	nendment(5)	(CHECK ONE)	
☐ The amendme action was no		adopted by the incorporators, or board of directors without shareholder action and share	nolder
The amendme	ent(s) was/were nolders was/wer	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.	
☐ The amendment must be sepa	ent(s) was/were wrately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The nu	umber of votes o	ast for the amendment(s) was/were sufficient for approval	
by		(voting group)	
,		(voting group)	
	Dated	3/1/21	
	Signature		
	sele	a director, president or other officer if directors or officers have not been cted, by an incorporator - if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
		Manuel Delgado, Jr.	
		(Typed or printed name of person signing)	
		President	
		(Title of person signing)	