

P040000012997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

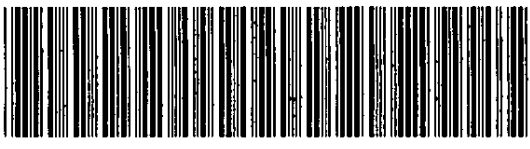
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 JUL 28 PM 3:10

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 3, 2008

PATRICIA A. SCHULER  
GULF COAST HEALING HANDS, INC.  
4445 6TH AVE E  
BRADENTON, FL 34208

SUBJECT: GULF COAST HEALING HANDS, INC  
Ref. Number: P04000012997

We have received your document for GULF COAST HEALING HANDS, 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):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

Officer/director resignation form is not needed.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 508A00039679

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** GULF COAST HEALING HANDS, INC

**DOCUMENT NUMBER:** #P04000012997

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

Please return all correspondence concerning this matter to the following:

PATRICIA A. SCHULER

(Name of Contact Person)

GULF COAST HEALING HANDS, INC

(Firm/ Company)

4445 6<sup>th</sup> AVE E

(Address)

BRADENTON FL 34208

(City/ State and Zip Code)

For further information concerning this matter, please call:

PATRICIA A. SCHULER

(Name of Contact Person)

at ( 941 ) 232-1423

(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

Articles of Amendment  
to  
Articles of Incorporation  
of

GULF COAST HEALING HANDS, INC

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

P 04000012997

(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):**

N/A

(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**)

ARTICLE II PRINCIPAL OFFICE - shall be designated  
as, 4445 W<sup>th</sup> AVE E. BRADENTON, FL 34208

ARTICLE ~~VI~~ VI ELIZABETHA. LABBATE RESIGNS  
AS DIRECTOR OF GULF COAST HEALING HANDS, INC.  
SOLE DIRECTOR SHALL BE PATRICIA A. SCHULER,

(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)

(continued)

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TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: JUNE 30, 2008

Effective date if applicable: JUNE 30, 2008  
(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 Patricia A. Schuler

(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)

PATRICIA A. SCHULER  
(Typed or printed name of person signing)

PRESIDENT ELECT  
(Title of person signing)

FILING FEE: \$35