P04000104820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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01/12/06--01045--008 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 31 PM 3:49

Amendment
02/01/06
DC

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2006

NORMA F. DENTON
K & D HOME HEALTH CARE CORP.
4330 W. BROWARD BLVD., SUITE O
PLANTATION, FL 33317

SUBJECT: K & D HOME HEALTH CARE CORP.
Ref. Number: P04000104820

We have received your document for K & D HOME HEALTH CARE CORP. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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.

ARE YOU ADDING AN ADDITIONAL OFFICER TO THE CORPORATION?? IF SO, PLEASE LIST THE TITLE FOR THE NEW OFFICER BEING ADDED.

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) 245-6906.

Darlene Connell
Document Specialist

Letter Number: 606A00004239

RECEIVED
06 JAN 31 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: K& D HOME HEALTH CARE CORP

DOCUMENT NUMBER: P04000104820

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

Please return all correspondence concerning this matter to the following:

NORMA F. DENTON
(Name of Contact Person)

K & D HOME HEALTH CARE CORP
(Firm/ Company)

4330 W. BROWARD BLVD
(Address)

SUITE O PLANTATION, FLORIDA 33317
(City/ State and Zip Code)

For further information concerning this matter, please call:

NORMA F. DENTON at (954) 583-7077
(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

Articles of Amendment
to
Articles of Incorporation
of

K + D Home Health Care Corp.

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

P04000104820

(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)

MARTHA B. MACMILLAN (OFFICER) – Treasurer –

4330 W. BROWARD BLVD

SUITE O PLANTATION, FLORIDA 33317

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DIVISION OF CORPORATIONS
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(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)

K & D Home Health Care

4330 WEST BROWARD BLVD., SUITE
PLANTATION, FL 33317
TELEPHONE: (954) 583-7077 * 1-866-212-2331
FAX: (954) 583-7099 * 1-866-212-3153

Article IV
The number of shares the corporation is authorized to issue is none

Article IV is now showing 2
Please Correct and Revise

The date of each amendment(s) adoption: NOVEMBER 10, 2005

Effective date if applicable: NOVEMBER 10, 2005
(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 _____
(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)

NORMA F. DENTON
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: $35