

P06000 156798

(Requestor's Name)

(Address)

(Address)

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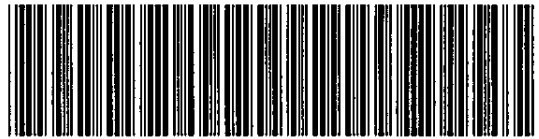
(Business Entity Name)

(Document Number)

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FILED  
09 JAN 12 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amendment  
01/28/09  
DC

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** A & B Health Services, Inc.

**DOCUMENT NUMBER:** P06000156798

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

Please return all correspondence concerning this matter to the following:

Lisset Gonzalez  
(Name of Contact Person)

A & B Health Services, Inc.  
(Firm/ Company)

1051 West 29<sup>th</sup> Street Suite #2  
(Address)

Healeah, FL 33012  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Lisset Gonzalez at ( 305 ) 887-2659  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

☐ \$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

A & B Health Services Inc

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

P06000156798

(Document Number of Corporation (if known))

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TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

Not applicable

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

Not applicable

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

Not applicable

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

Not applicable

New Registered Office Address:

Not applicable

(Florida street address)

\_\_\_\_\_, Florida  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

**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)*

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          |                                 |

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

Article 5: President Barbara Gonzalez-Pena  
80% and Vice President Ana Z. Castro 20%.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F. If an amendment provides for an 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)*

President Barbara Gonzalez-Pena now  
holds 80% of ownership and  
Vice president Ana Z. Castro now  
holds 20% of ownership.

\_\_\_\_\_

\_\_\_\_\_

The date of each amendment(s) adoption: January 8, 2009

Effective date if applicable: January 8, 2009  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted 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.

Dated 01/08/09

Signature [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)

Barbara Gonzalez-Pena  
(Typed or printed name of person signing)

President  
(Title of person signing)