

PO71000050098

(Requestor's Name)

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PICK-UP

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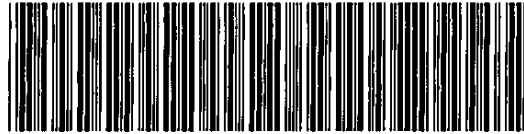
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Articles of  
Amendment

06/07/07--01020--029 \*\*52.50

FILED  
2007 JUN 21 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

X00789, 04076, 00672

ADP  
6/27/07

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** NOVA Care Medical Center.Inc.

**DOCUMENT NUMBER:** P07000050098

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

Please return all correspondence concerning this matter to the following:

Virtudes M Cruz  
(Name of Contact Person)

Vice-President  
(Firm/ Company)

3445 Heron Island Drive  
(Address)

New Port Richey, Fl 34655  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Virtudes M Cruz at ( 727 ) 236-6514  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 13, 2007

Jimtutes M. Cruz  
3445 Heron Island Drive  
New Port Richey, FL 34655

SUBJECT: NOVA CARE MEDICAL CENTER, INC.  
Ref. Number: P07000050098

We have received your document for NOVA CARE MEDICAL CENTER, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Document Specialist

Letter Number: 307A00039811

Articles of Amendment  
to  
Articles of Incorporation  
of

**FILED**  
2007 JUN 21 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Nova Care Medical Center, Inc.

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

P07000050098

(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):**

(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**)

**address and/or phone number:**

The correct address is: 6327 SR 54 suit 4, New port Richey Fl 34653

(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)

The date of each amendment(s) adoption: Junio 1th 2007

Effective date if applicable: from June 1th 2007  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

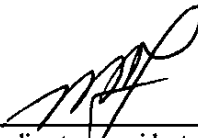
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

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)

Virtudes M-Cruz  
(Typed or printed name of person signing)

Vice President  
(Title of person signing)

**FILING FEE: \$35**