P09000021859

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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09/20/13--01022--019 **36.00

Amend chs.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	DRATION: HEALING H	ANDS MEDICA	AL CENTER, CORP.	
DOCUMENT NUM	D0000003405	•		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	MARIA RAMOS			
	Name of Contact Person ADVANCED WELLNESS AND REHABILITATION CENTER, CORP.			
	Firm/ Company 11736 N. DALEMABRY HWY UNIT 11736			
:	TAMPA, FLORIDA 33618			
<u>he</u>	ealinghandscenter@ E-mail address: (to be us	City/ State and Zip o		
For further informati	on concerning this matter, please	se call:		
MARIA RAN	IOS	at (813)	, 481-5407	
	of Contact Person		Code & Daytime Telephone Number Department of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status	
An Di P.C	ailing Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	An Div Cli 260	reet Address nendment Section vision of Corporations fton Building 51 Executive Center Circle Ilahassee, FL 32301	

Articles of Amendment to Articles of Incorporation

HEALING HANDS MEDICAL CENTER, CORP

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

		,
PNa	00002	11250
	\	1 (1, 1, 7, 7)

(Document Number of Corporation (if known)

endment(s) to

A. If amending name, enter the new na		ITATION CENTED CO	ıbn ·			
ADVANCED WELLNESS name must be distinguishable and cont "Corp" "Inc.," or Co.," or the design word "chartered." "professional associat	ain the word "corporationation "Corp," "Inc," or	on," "company," or "incorporated" 'Co". A professional corporation na	or the abbrevia			
B. Enter new principal office address, i	if applicable:	11736 N. DALEMABRY	'HWY			
(Principal office address MUST BE A STREET ADDRESS)		UNIT 11736	UNIT 11736			
		TAMPA, FLORIDA 3	3618			
C. Enter new mailing address, if applicable; (Ni cling address MAY BE A POST OFFICE BOX)		11736 N. DALEMABRY HWY				
	: :	UNIT 11736				
		TAMPA, FLORIDA 3	3618			
D. If amending the registered agent an	d/or registered office add	ress in Florida, enter the name of the	<u> </u>			
new registered agent and/or the new Name of New Registered Agent	v registered office addres MARIA RAMOS	, , , , , , , , , , , , , , , , , , ,				
ramo oj tren riegiste, eu rigem	11736 N. DALEMAI	BRY HWY UNIT 11736				
	(Florida st	reet address)				
New Registered Office Address:	TAMPA	, Florida 3361	8			
	(City,	(Zip	Code)			
New Registered Agent's Signature if ch	nanging Registered Agent	i	n o alti o u			
here accept the appointment as registe	erea ageni i am jamiliar	min una accepi ine obligations of the f	vosition.			

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	<u>PT</u> <u>John</u>	<u>1 Doe</u>			
<u>Х</u> Велю че	<u>V</u> <u>Mik</u>	e Jones	· . ·		
\underline{X} Add $\mathbb{R}^{\frac{1}{2}}$	<u>SV</u> <u>Sall</u> y	y Smith			•
Type of Action (Creek One)	<u>Title</u>	Name	, Å	<u>Addres</u> s	
1) Chang	REGISTERED OF	ELSIE PACHECO		11736 N. DALEMA	BRY HWY UNIT 11736
Add				TAMPA FL	ORIDA 33618
Remo	ve				
2) Chang	ge <u></u>		· · · · · · · · · · · · · · · · · · ·		
Remo	ove				
3) Chan	ge		<u>.</u>		· · · · · · · · · · · · · · · · · · ·
Remo	ve		,		
4) Cháng	ge		·		· · · · · · · · · · · · · · · · · · ·
Add Remo			·		
5) Chang	ze :		· · · · · · · · · · · · · · · · · · ·		<u></u>
Add Remo	ve ,				
6) Chang					
Add				•	

	runcading or adding additional Articles, enter change(s) here: och additional sheets, if necessary). (Be specific)
	
	
P or	
F. 31	visions for implementing the amendment if not contained in the amendment itself:
•	(if not applicable, indicate N/A)
<u>-</u> ···	
-	
<u> </u>	

The date of each amendment(s) adoption:	, if other than the
dat s document was signed. Effic ve date if applicable: 9/16/2013	
(no more than 90 days after amendment file date)	
Ademion of Amendment(s) (CHECK ONE)	· · · · · · · · · · · · · · · · · · ·
amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) the shareholders was/were sufficient for approval.	
amendment(s) was/were approved by the shareholders through voting groups. The following statement the 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	
hy," (voting group)	
amendment(s); was/were adopted by the board of directors without shareholder action and shareholder in was not required.	
rependment(s) was/were adopted by the incorporators without shareholder action and shareholder was not required.	
DatedQ-16-13	
Signature Waria a Tamp	
(By a dilector, 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)	
MARIA A RANDS	
(Typed or printed name of person signing)	
President.	
(Title of person signing)	