

FD2000001389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

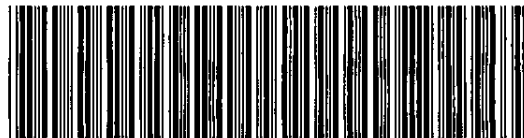
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600280624996

02/02/16--01016--013 **35.00

16 FEB -2 AM 8:23

SECRETARY OF THE
DIVISION OF CORPORATE AFFAIRS

FEB -5 2016

C LEWIS



RECEIVED
DIVISION OF CORPORATIONS
16 FEB -2 AM 8:23

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO ADOPT AN
ALTERNATE NAME FOR USE IN FLORIDA**

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Gary L. Storm, do hereby certify
(Name)

that this Resolution of the Board of Directors of Creative Health Care Management, Inc.

(Name of Corporation)

a corporation duly organized and existing under the laws of Minnesota,
(State or Country)

was adopted on January 25, 2016, adopting the alternate

name of Creative Health Care Management of Florida, Inc.
(Alternate Name) NOTE: Must contain a corporate suffix)

for use in Florida as its real name is unavailable in Florida.

Date: January 25, 2016

[Signature]
Signature of Chairman, Vice Chairman of the Board, a
director or any officer

Chief Financial Officer
Title of person signing

FILING FEE \$35

(No fee required if submitted with a foreign not for profit qualification or amendment)

Make checks payable to Florida Department of State and mail to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314