	2000 1617
(Requestor's Name) (Address)	100315118341
(Address) (City/State/Zip/Phone #)	100315118341 06/25/1801002013 ++43.75
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	18 JUN 25 PH 12: 47
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COVER LETTER

10:	Amendment Section Division of Corporations			
	En HA			

SUBJECT:	ECHO	HEACTAC	ARE
DOCUMENT NUMBER:	FIE N	Name of Corporation	7
DOCUMENT NUMBER.	11000		{

The enclosed Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s) and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person HOACTHC ECHO Firm/Company Address nil.com State and Zip Code

E-mail address: (to be used for future annual report notification

For further information concerning this matter, please call:

INA KANN

Name of Contact Person

at (<u>M) 730</u> 00/ Area Code & Daytime Telephone Number

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

\$35.00 Filing Fee

S43.75 Filing Fee & Certificate of Status □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

D \$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



FILED 2113 JUN 25 PH 12: 56

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

- 1. The name of the foreign corporation as it appears on the records of the Florida Department of State is: ECHO HEALT HCHKE

Name and Address

- 3. This corporation was formed under the laws of <u>DELAWARE</u>
- 4. The name and address of each officer and/or director is as follows:

Title: CHARY

VICE

•

Signature of an other or director

Typed or printed name of person signing

(Attach additional pages if necessary)

Title of person signing

<u>FILING FEE \$35</u>

ENON

Make checks payable to Florida Department of State and Mail to: Division of Corporations•PO Box 6327•Tallahassee, FL 32314