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*Name  
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Amend*

12/27/04--01028--011 \*\*43.75

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
12/27/04  
AUR

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Continuum Care ; Personal Care  
Management & Consulting, Inc.

**DOCUMENT NUMBER:** NO1000000 230

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

Please return all correspondence concerning this matter to the following:

Toni Nelson  
(Name of Contact Person)

Continuum Care  
(Firm/ Company)

PO Box 3006  
(Address)

Tallahassee FL 32315  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Toni Nelson at (850) 385-4300 x631  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|---|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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Consolidating, Inc

(Document number of corporation (if known))

(continued)

The date of adoption of the amendment(s) was: December 21, 2004

Effective date if applicable: January 1, 2005  
(no more than 90 days after amendment file date)

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

- ☒ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 22 day of Dec, 2004.

Signature Toni Nelson  
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Toni Nelson  
(Typed or printed name of person signing)

Member of Board, Ex Director  
(Title of person signing)

**FILING FEE: \$35**