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FILED

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORA	TION, A Womat	n's Touch in Hea	Ithcare inc	
NAME OF CORPORA	110N: <u>21 17 011 a.</u>	10 104011 1111104	<u> </u>	
DOCUMENT NUMBE	R: N02000008	581	<u></u>	
The enclosed Articles of	Amendment and fee	are submitted for filing	g.	
Please return all correspo	ondence concerning t	his matter to the follow	ving:	
Cynthia C				ح ريان دي
	(Name of	Contact Person)		
A Womar	n's Touch in Hea	althcare, Inc.		
		n/ Company)		y ee ee ee
119 West	Plymouth Avenu	ue		०० ४ ः (कु ण्याः किः - क
	(/	Address)		
DeLand.	FL 32720-2721	[
	 -	te and Zip Code)		≛ र इन्द
For further information of	concerning this matte	r, please call:	-	
Michelle Morgan	·	at (386)	736-3211	
(Name of C	ontact Person)	(Area Code	& Daytime Telephone Nu	imber)
Enclosed is a check for t	he following amount:	:		
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing A Amendme		Street A Amendm	ddress ent Section	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation of

F 06 MAD	ILED	
06 MAR -	I PH S	00
SECHE FAR ALLAHASS (State)	EE, FLO	AJE RIDA

A Woman's Touch in Healthcare, Inc.

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

N0200000858	1
	(Document number of corneration (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language, "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

Article VII — Board Of Directors:

Please remove:

Mieras, Emily, 412 N. Woodland Blvd. #8262, DeLand, FL 32720

Brucklacher, Ann 325 North Adelle Avenue, DeLand, FL 32720

Hale, Margie, 615 Trenia Ann Lane, Orange City, FL 32763

Skelton, Michele, 716 West Arizona Ave., DeLand, FL 32720

Please replace with:

Karen Kennedy, 211 East Voorhis Ave., DeLand, FL 32720, Executive Director Guen Rae, 1089 Torchwood Drive, DeLand, FL 32724, Board Chair (Address Change)

Cindy Thornton, 149 Rosewood Avenue, Ormond Beach, FL 32174, Secretary

The date of adoption of the amendment(s) was: 02/05/06
Effective date if applicable: (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.
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
(Typed or printed name of person signing)
X Charles Board of Dilectors (Title of person signing)

FILING FEE: \$35