

ND40000003160

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Convestuee Medicale Nationale D' Haiti Inc.  
(Name of corporation)

DOCUMENT NUMBER: 1104002003160

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Medjoe Cyrille  
(Name of person)

Convestuee Medicale Nationale D' Haiti Inc  
(Name of firm/company)

3734 Cocoplum Circle  
(Address)

Coconut Creek, FL 33063  
(City/state and zip code)

For further information concerning this matter, please call:

Medjoe Cyrille at (9305) 772-3995  
(Name of person) (Area code & daytime telephone number)

Enclosed is a check for the following amount:

☐

\$35.00 Filing Fee

☒

\$43.75 Filing Fee &  
Certificate of Status

☐

\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐

\$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  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 6, 2004

MEDGINE CYRILLE  
COVERTURE MEDICAL NATIONAL D'HAITI INC.  
3734 COCOPLUM CIRCLE  
COCONUT CREEK, FL 33063

SUBJECT: COUVERTURE MEDICAL NATIONAL D'HAITI INC.  
Ref. Number: N04000003160

We have received your document for COUVERTURE MEDICAL NATIONAL D'HAITI INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6882.

Maryanne Dickey  
Document Specialist

Letter Number: 504A00043316

**ARTICLES OF AMENDMENT**  
**to**  
**ARTICLES OF INCORPORATION**  
**of**

COUVERTURE MEDICAL NATIONAL D'HAITI INC.

(present name)

(Document Number of Corporation (If known))

**FILED**  
04 AUG -9 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Pursuant to the provisions of section 617.1006, Florida Statutes, the undersigned Florida nonprofit corporation adopts the following articles of amendment to its articles of incorporation.*


**FIRST:** Amendment(s) adopted: (INDICATE ARTICLE NUMBER(S) BEING AMENDED, ADDED OR DELETED.)

*Couverture Medicale Nationale D'Haiti, Inc*

**SECOND:** The date of adoption of the amendment(s) was:

**THIRD:** Adoption of Amendment (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.



Signature of Chairman, Vice Chairman, President or other officer

*Medoïne Cyatte*

Typed or printed name

Title

Date