

N05000001741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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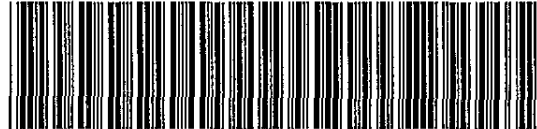
(Business Entity Name)

(Document Number)

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
2006 JUN 27 PM 3:55

06/27/05--01016--013 \*\*35.00

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8/29

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: HEPATITS C FOUNDATION INC

DOCUMENT NUMBER: N 05000001741

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

Please return all correspondence concerning this matter to the following:

DR. AMMAR HEMADEN  
(Name of Contact Person)

HEPATITS C FOUNDATION INC  
(Firm/ Company)

1690 DUNSTON AVE Suite 220  
(Address)

Port Orange FL 32127  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Ammar HEMADEN at ( 386 ) 763-4920  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input 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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DIVISION OF CORPORATIONS  
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(Name of corporation as currently filed with the Florida Dept. of State)

(Document number of corporation (if known))

**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)

(Attach additional pages if necessary)  
(continued)

The date of adoption of the amendment(s) was: 6/14/05

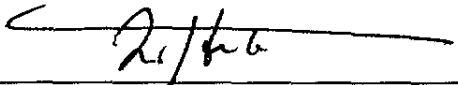
Effective date if applicable: 06/14/05  
(no more than 90 days after amendment file date)

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 14 day of JUNE, 2005

Signature

(Y)   
(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.)

Ammar Hamaidan MD  
(Typed or printed name of person signing)

CEO  
(Title of person signing)

**FILING FEE: \$35**