

N070000008401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

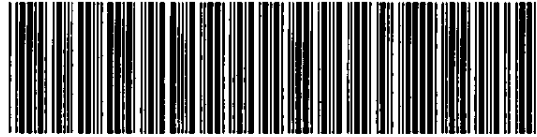
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800162191828

Amend

11/02/09--01060--007 **43.75

2009 NOV 16 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AOR
11/16/09

**00789, 01169, 00563 00271*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Paramount Mobile Health Services, Inc.

DOCUMENT NUMBER: NO7000008401

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

Please return all correspondence concerning this matter to the following:

Alma T. Knight, RN
Name of Contact Person

Paramount Mobile Health Services
Firm/ Company

6003 NW 201 Terrace
Address

Miami Lakes, Florida 33015
City/ State and Zip Code

almar@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alma T. Knight, RN, CHN at (305) 624-2600
Name of Contact Person Area Code & Daytime Telephone Number

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2009

Alma T. Knight, RN
Paramount Mobile Health Services
6003 NW 201 Terrace
Miami Lakes, FL 33015

SUBJECT: PARAMOUNT MOBILE HEALTH SERVICES, INC.
Ref. Number: N07000008401

We have received your document for PARAMOUNT MOBILE HEALTH SERVICES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

The date of adoption of each amendment must be included in the document.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 309A00034713

Articles of Amendment
to
Articles of Incorporation
of

Paramount Mobile Health Services, Inc.

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

NO7000008401

(Document Number of Corporation (if known))

FILED
2009 NOV 16 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City) Florida (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
 (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>DT</u>	<u>Rupert Bawry</u>	<u>5973 NW 201 Terr.</u> <u>Miami, Florida</u> <u>33015</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>DT</u>	<u>Laquinta Hyppolite</u>	<u>14310 SW 33RD CT</u> <u>Miramar, Florida</u> <u>33027</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>D</u>	<u>David McCalla</u>	<u>15484 SW 146th Terr</u> <u>Miami, Florida</u> <u>33196</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
 (attach additional sheets, if necessary). (Be specific)

(The following area contains a large handwritten 'N' and a large handwritten 'A' with a diagonal line through it, indicating no changes or a specific action.)

The date of each amendment(s) adoption: July 20, 2009

Effective date if applicable: September 30th 2009
(date of adoption is required)
(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(s) was/were sufficient for approval.

☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated July 20, 2009

Signature

Alma T. Knight, President

(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)

Alma T. Knight
(Typed or printed name of person signing)

President / CEO
(Title of person signing)