N08000001984

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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SECRETARY OF STATE IVISION OF STAPORATIONS

Amend (108

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Living Well Health care Corporation | |
|---|---------|
| | |
| DOCUMENT NUMBER: No8 000001984 | |
| The enclosed Articles of Amendment and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| (Name of Contact Person) | |
| (Name of Contact Person) | |
| Living Well Healthcare Corporation (Firm/Company) | |
| m0 | |
| (Address) Ruskin, FL 33570 (City/ State and Zip Code) For further information concerning this matter, please call: | |
| 1838 Raven Glen Dreive (Address) | |
| ASS TILL | |
| Ruskin, FL 33570 (City/State and Zip Code) | |
| で、 | |
| For further information concerning this matter, please call: | |
| | |
| <u>Caroya C. Tiniqua</u> at (813) 850 1837 (Name of Contact Person) (Area Code & Daytime Telephone Number | |
| (Name of Contact Person) (Area Code & Daytime Telephone Number | , |
| Enclosed is a check for the following amount: | |
| \$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee \\ \text{Certified Copy} \\ Certified C | |
| #35 Fee already paid (Additional copy is enclosed) (Additional Copy is enclosed) (Additional Copy is enclosed) | |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building | |
| Tallahassee, FL 32314 2661 Executive Center Circle | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 8, 2008

CAROLYN C. TINGLIN LIVING WELL HEALTHCARE CORP. 1838 RAVEN GLEN DRIVE RUSKIN, FL 33570

SUBJECT: LIVING WELL HEALTHCARE CORP.

Ref. Number: N08000001984

We have received your document for LIVING WELL HEALTHCARE CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

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) 245-6964.

Letter Number: 108A00020662

Irene Albritton Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment to Articles of Incorporation of

| | LIVING Well Healthcore Corporation |
|-----------|---|
| | (Name of corporation as currently filed with the Florida Dept. of State) |
| _ | N08000001984 |
| | (Document number of corporation (if known) |
| | (Document number of corporation (if known) he provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit</i> adopts the following amendment(s) to its Articles of Incorporation: |
| NEW CORI | PORATE NAME (if changing): |
| | he word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in mpany" or "Co." may <u>not</u> be used in the name of a not for profit corporation) |
| | ENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article nd/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) |
|) Amme | rded - Artick III (Purpose of organization) |
| New Pu | rpose: The development, monitoring and |
| Marag | errent of individual & group Wellness programs; |
| Adminic | stration of Home Care Services and the promotion |
| activitie | s related to preventative disease practices in |
| the co | mounity environment. |
|) Ammena | ted - The name of the Financial Officer. Nam |
| | nged from "Christopher N. Brown to 'Christopher |
| | liams ". |
|) Amme | nded - Chief Operating Officer position is |
| _Vacant | t. Dwight A. Richards is no longer part of the |
| Living | Well Healthcare Corporation. |
| | (Attach additional pages if necessary) (continued) |

| The date of adoption of the amendment(s) was: |
|---|
| Effective date if applicable: April 2, 2008 (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 cas 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 (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) |
| C60 |
| (Title of person signing) |

FILING FEE: \$35