## N09000008024

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(City	y/State/Zip/Phone	<del>→</del> #)
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December 15, 2011

KAREN STEELE QUALITY CARE SOLUTIONS INC P O BOX 453715 KISSIMMEE, FL 34745-3715

SUBJECT: QUALITY CARE SOLUTIONS, INC.

Ref. Number: N09000008024

We have received your document for QUALITY CARE SOLUTIONS, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The attached form 1023 is not filed with the Secretary of State's office.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 111A00028025



## **COVER LETTER**

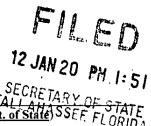
**TO:** Amendment Section **Division of Corporations** 

NAME OF CORPORATION	N: Quality Care Solution	ns, Inc.	
DOCUMENT NUMBER: N	09000008024		
The enclosed Articles of Amer	adment and fee are subn	nitted for filing.	
Please return all corresponden	ce concerning this matte	er to the following:	
Karen Steele			
	(Nam	e of Contact Person)	
Quality Care Solutions, Inc			
	(1	Firm/ Company)	
PO Box 453715		(4.11)	
		(Address)	,
Kissimmee, Florida 34745-37			
	(City/	State and Zip Code)	
thinkingoutside	ethebox2000@yahoo.co	m	
E-n	nail address: (to be used	for future annual report	notification)
For further information concer	ning this matter, please	call:	
Karen Steele		at (_321	746-4164
(Name of Cont	act Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the fol	lowing amount made pa	yable to the Florida Dep	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & I 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 Add	dress	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Quality Care Solutions, Inc. (Name of Corporation as currently filed with the Florida Dept. of 1109000008024 (Document Number of Corporation (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: 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. 1683 Regal Oak Drive B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Kissimmee, Florida 34744 C. Enter new mailing address, if applicable: (Mailing uddress MAY BE A POST OFFICE BOX) PO Box 453715 Kissimmee, Florida 34745-3715 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: (Florida street address) New Registered Office Address: (City)

Page 1 of 4

Signature of New Registered Agent, if changing

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

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

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an

additional sheet.)

Title(s)	·	<u>Name</u>		Address	
1)			· ·		
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2)			<del></del>		<del></del>
3)					
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4)			<del></del>		
5)					
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6)	•				
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If REMOVIN	G an office	r and/or director, please li	st the title(s) and na	me of the officer/direct	tor to be removed:
Title(s)	<u>Name</u>		Title(s)	<u>Name</u>	
1)			4)		
2)			5)		
3)			6)		

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)		
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The date of each amendment(s) adoption: OCTOBUL 1, 2011
Effective date if applicable: OCTOBER 2, 2011  (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 12/20/11 Signature Kare M. Sleet
(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)
Karen Steele (Typed or printed name of person signing)
(Title of person signing)
(Title of berson signing)

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