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⑩ 6/2/13

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: OMNIBUS HEALTH & HUMAN SERVICES, INC.

DOCUMENT NUMBER: N 11000010142

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

Please return all correspondence concerning this matter to the following:

SHARMA S. ELDRIDGE
(Name of Contact Person)

(Firm/ Company)

OMNIBUS HEALTH & HUMAN SERVICES, INC.
(Address)

HOLLYWOOD FL 33024
(City/ State and Zip Code)

sseldridgern@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARMA S. ELDRIDGE at (954) 401-5214
(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 checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input 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

Articles of Amendment
to
Articles of Incorporation
of

Omnibus HEALTH & HUMAN SERVICES, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

N11000010142
(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:

N/A 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)

N/A

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

(Florida street address)

New Registered Office Address:

_____, Florida
(City) (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

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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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|---|------------|--------------------------------|---------------------------------------|
| 1) <input type="checkbox"/> Change | <u>VD</u> | <u>ROBERT J. KING</u> | <u>5940 30th AVE SOUTH</u> |
| <input checked="" type="checkbox"/> Add | | | <u># 303</u> |
| <input type="checkbox"/> Remove | | | <u>GULFPART, FL 33707</u> |
| 2) <input type="checkbox"/> Change | <u>STD</u> | <u>MARY BETH HALL-McDANIEL</u> | <u>3339 HANBY ROAD</u> |
| <input checked="" type="checkbox"/> Add | | | <u># 917</u> |
| <input type="checkbox"/> Remove | | | <u>TAMPA, FL 33618</u> |
| 3) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

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

N/A

OMNIBUS HEALTH & HUMAN SERVICES, INC.

MINUTES: JANUARY 1, 2012, 3 P.M.
4801 JEFFERSON STREET
HOLLYWOOD, FL 33021

PRESENT: SHARMA S. ELDRIDGE
ROBERT J. KING
MARYBETH HALL-MCDANIEL

APPOINTMENT OF OFFICERS AND BOARD:

This is the first meeting of the BOD of the corporation. At this time the President/Chairman appointed a Vice President and Board member, Mr. Robert J. King, and a Secretary-Treasurer/Board member, Ms. MaryBeth Hall-McDaniel. Both accepted their appointments. They will be added as signatories to the corporate bank account.

ESTABLISHMENT OF MISSION:

The mission of OHHSI was discussed and it was decided unanimously that since we are a non-profit private foundation, our mission should be based on the concept of "I am my brother's keeper". (The corporation will file a 501(c)(3) with IRS before the end of the 27 month deadline.) We will be providing care management and guardian services to those who most need, but can least afford such services.

MARKETING PLAN:

We have been credentialed as a nationally-certified guardian by the academy and we are a nationally-certified geriatric care manager. With these credentials we plan to approach attorneys who specialize in guardianship, probate and elder law, the trust departments of banks, and the department of children and families, elder services. We will complete credentialing with the office of the state guardian and each of the court districts in which we need to function. We have ordered cards and stationery and will begin work on a brochure.

ACTIVITY:

We currently have two wards, a mother and daughter, referred to us by Mark Yarnold with Geriatric Care Management and Counseling Services. After a nursing assessment, we recommended guardianship for them which he did not wish to pursue. Since they have no assets, services are being provided pro bono. We are trying to get them moved out of the apartment they are currently occupying and into an appropriate assisted living facility. We are looking at Coolidge Palms as a possibility.

Currently the only income is from our contract with Classic HomeCare to provide guardianship and care management services.

MEETING CONCLUDED AT 6 P.M. EST.

Sharma S. Eldridge
Sharma S. Eldridge

1/1/2012
Date

The date of each amendment(s) adoption: JANUARY 1, 2012

Effective date if applicable: JANUARY 1, 2012
(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 5/27/2012

Signature Sharma S. Eldridge
(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)

SHARMA S. ELDRIDGE
(Typed or printed name of person signing)

PRESIDENT/CHAIRMAN
(Title of person signing)