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# FILING CANCELLED DUE TO RETURNED CHECK

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JAN 0 5 2019 S. YOUNG

#### **COVER LETTER**

## FILING CANCELLED DUE TO RETURNED CHECK

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Life Care Specialty Clinic, Inc.
, J
DOCUMENT NUMBER: N 17 00000 6213
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jose de Terreforte-Diaz (Name of Contact Person)
ASP Cares (Firm/Company)
(Firm/ Company)
2647-A NW 2043 St (Address)
(Address)
Mian; , Florida 33147 (City/ State and Zin Code)
(City/ State and Zip Code)
Jose · Diaz a highrhealth · com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jose de Terrefor te - Diaz at 917) 216 - 0750  (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 made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed)  S52.50 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

# FILING CANCELLED DUE TO RETURNED CHECK

LIFECARE SPECIALTY CLINIC, INC.

The second secon	
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
N1100006213	
(Document Num	mber of Corporation (if known)
	·
Pursuant to the provisions of section 617.1006, Florida Stati imendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the following
intendment(s) to its Articles of incorporation.	
A. If amending name, enter the new name of the corpor	ation:
	The new
ume must be distinguishable and contain the word "corpor	ration" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	
3. Enter new principal office address, if applicable:	2647-1 NW 20th St
Principal office address MUST BE A STREET ADDRESS	$\frac{1}{2}$
· ·	Miami, Fl. 33142
Enter new mailing address, if applicable:	2111-1-111/2 2 4 51
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	2647ANW 20th St. Miami, Fl. 33142
	Miami, Fl. 33142
	, , , , , , , , , , , , , , , , , , , ,
o. If amending the registered agent and/or registered of	ffice address in Florida, enter the name of the
new registered agent and/or the new registered office	e address:
Name of New Registered Agent:	ose de Terredocte - Diazz III
•	
264	2-A NW 20th St. 3
New Registered Office Address:	(Piorida street adaress)
	1/ 22/15
	$ \begin{array}{cccc}  & & & & & & & & & & \\ \hline  & & & & & & & & & \\  & & & & & & & & \\ \hline  & & & & & & & & \\  & & & & & & & & \\ \hline  & & & & & & & \\ \hline  & & & & & & & \\ \hline  & & & & & & & \\ \hline  & & & & & & & \\ \hline  & & & & & & & \\ \hline  & & & & & & & \\ \hline  & & & & & & & \\ \hline  & & & & & \\ \hline  & & & & & & \\ \hline  & & & & & & \\ \hline  & & & & & \\ $
	$(Cny)$ $(Zip Code)_{2}$ .
New Registered Agent's Signature, if changing Registere	
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
	Page 1 of 4

### FILING CANCELLED DUE TO RETURNED CHECK

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:	ve, ana sai	ny Sman, S+ as an Maa.	
X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Roxana Valeton	3880 Cocamit Creek Parkua
Add			Suit, 100
<u> </u>			Coconya Creek F133066
2) Change	<u>S</u>	Elizabeth Rodriguez	3880 Coconut Creek Park
Add		V	Snite 100
			Coconut Creek F/ 330 66
3 ) Change	<u>}</u>	Rebeca Pena	
Add			
Remove			
4) Change	D	Jose de Terreforte-Diaz	2647-A NW 20th St.
Add			Miami F1 33142
Remove			
5) Change	8	Long Spears-Heggely	nd 2647-11- WW 2014 St.
Add		• 55	Miam: F1 331412
Remove			<del></del>
6) Change	8	Xiomara Frias	2647-A: NW 20Th St
			Miami, F1 33142
Remove			<u> </u>

E. If amending or adding additional Art (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	FILING CANCELLED DUE TO RETURNED CHECK
<del></del>	<u></u>	
	<del></del>	
<u> </u>		

The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records.	l not be listed as the
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 12/17/20/8 FILING CANCELLY DUE TO RETURN	
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)	
Dr. Joe R. de Terreporte-Ding	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	

the