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SECRETARY OF STATE
ALLAHASSEE, FLORIDA



## · COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: <u>Ocure hab + Med Center</u>
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lisa Metellus-Hood, ES guice (Name of Contact Person)
Metellus Hood + associates (Firm/Company)
810 South StateRd 7 (Address)
Plantation Fl 33317 (City/State and Zip Code)
For further information concerning this matter, please call:
Lisa Metellus Hood at (954) 321-9979 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□\$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  S52.50 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## •Articles of Amendment to Articles of Incorporation of

Ocure he h + Med Coden The RES
(Name of corporation as currently filed with the Florida Dept. of State)
Po 100006 8842 (Document number of corporation (if known)
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
N /4
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
<u>AMENDMENTS ADOPTED</u> - (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: ( <u>BE SPECIFIC</u> )
DEIETE
Alexidor, Marie (Director)
4297 N. State Rd 7
Lauderdale lakes 33319
Add
Barry Alan Goldberg
5297 N State Rd 7
Laudendale Lakes Fl 33319
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
·
(continued)

The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature  (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
GRE goire, Gar con (Typed or printed name of person signing)
Director (Title of person signing)

FILING FEE: \$35