

PO1000036717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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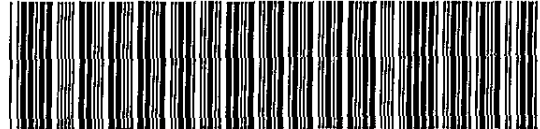
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

PO1000036717
Newman
7-21-03



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 9, 2003

FRANCISCO DE LA PAZ
10585 SW 109TH COURT, SUITE 201
MIAMI, FL 33176

SUBJECT: THE NEW FAMILY HOME CARE, INC.
Ref. Number: P01000036717

**Sent in Act of
Amend + Reg
Agent Change
Form = 1 filing
fee*

We have received your document for THE NEW FAMILY HOME CARE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted an application which does not meet the current requirements of the Florida Statutes. You may complete our current form or amend your application to include the required information.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please contact the undersigned before making corrections or returning your document to this 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) 245-6916.

Carol Mustain
Document Specialist

Letter Number: 403A00040684

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: D A C Medical Equipment, Inc
(Name of corporation)

DOCUMENT NUMBER: P01000036717

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Francisco De La Paz

(Name of person)

BUROSERV

(Name of firm/company)

10585 SW 109th Court, Ste 201

(Address)

Miami, FL 33176

(City/state and zip code)

For further information concerning this matter, please call:

Francisco De La Paz

(Name of person)

at (305) 596-5655

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

THE NEW FAMILY HOME CARE, INC

(present name)

P01000036717

(Document Number of Corporation (If known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

ARTICLE I , Name is hereby amended to read:

D A C Medical Equipment, Inc

ARTICLE II. The principal place of business and mailing address of this corporation shall be. 1800 W 49th Street, Ste 324R Hialeah Fl 33012

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TALLAHASSEE, FLORIDA

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SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: June 24, 2003

FOURTH: Adoption of Amendment(s) (CHECK ONE)

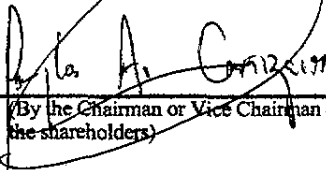
- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled 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.

Signed this 24 day of June, 2003

Signature



(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

(Typed or printed name)

(Title)

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