

PO/060088734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

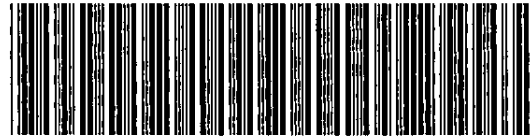
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200236223662

Debit memo \$
06/15/12--01022--006 **35.00

07/20/12--01002--004 **50.00

Amended
7/20/12

FILED
2012 JUL 20 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2012

IMMEDIATE HEALTH CARE CENTERS, INC.
6388 SILVER STAR RD., STE. 1E
ORLANDO, FL 32808

SUBJECT: IMMEDIATE HEALTH CARE CENTERS, INC.
Ref. Number: P01000088734

Memo #: 05860-A

This letter is to inform you that your check number 0994 for \$35.00, which was dated March 29, 2012 and submitted for IMMEDIATE HEALTH CARE CENTERS, INC. has been returned to us by your bank because of CLOSED ACCOUNT.

We are notifying you because our records indicate that the paperwork for IMMEDIATE HEALTH CARE CENTERS, INC. has not been filed and was returned to you because of deficiencies in the document. If you send the document back to us to be filed, be sure to enclose a cashier's check or money order in the amount of ~~\$50.00~~ as we cannot take credit card information over the phone. This will cover the unpaid check and also the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please indicate that it is a replacement for the returned check mentioned above. Also, please include in your response the Debit Memo number given above. Send your response to:

Division of Corporation
Attn: SYLVIA GILBERT
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions you may contact me at (850) 245-6900.

Michelle Milligan
Administrative Assistant II
Bureau of Commercial Recording

Letter Number: 912A00018169

cc: IMMEDIATE HEALTH CARE CENTERS, INC.
P.O. BOX 680684
ORLANDO, FL 32818

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Immediate Health Care Centers Inc

DOCUMENT NUMBER: 01000088734

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

Please return all correspondence concerning this matter to the following:

Michel F Jacques

Name of Contact Person

Firm/ Company

1825 S. Ocean Dr. # 508

Address

Hallandale Bch. Florida 33009

City/ State and Zip Code

Lacreole@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michel F. Jacques

Name of Contact Person

at (**954**) **394-3159**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
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 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2012

MICHAEL F. JACQUES
1825 S. OCEAN DRIVE
#508
HALLANDALE, FL 33009

SUBJECT: IMMEDIATE HEALTH CARE CENTERS, INC.
Ref. Number: P01000088734

We have received your document for IMMEDIATE HEALTH CARE CENTERS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

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) 245-6050.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 212A00016898

RECEIVED
DIVISION OF CORPORATIONS
2012 JUL -9 AM 8:20
TO AGENCY OF RECORD
SUFFICIENCY OF FILING

Articles of Amendment
Articles of Incorporation
of

Immediate Health Care Centers Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

01000088734

(Document Number of Corporation (if known))

FILED
2012 JUL 20 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida 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 Same as above The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

6388 Silver Star road #1E
Orlando Florida 32818

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

1825 S. Ocean Dr. #508
Hallandale Florida 33009

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 Same

N/A

(Florida street address)

New Registered Office Address: N/A, 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

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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V.P</u>	<u>Yves Gabriel Jacques</u>	<u>6388 Silver Star road #1E</u> <u>Orlando Florida 32818</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V.P</u>	<u>Jacques E. L. Jacques</u>	<u>2121 Hiawassee Rd #402</u> <u>Orlando, FL 32835</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			<input checked="" type="checkbox"/>
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

N/A

N/A

N/A

F. 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:
(if not applicable, indicate N/A)

President Michel F. Jacques 50%

Vice President Ducarmel E. L. Jacques 50%

The date of each amendment(s) adoption: 2/16/2012

Effective date if applicable: Immediately
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted 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 Logan E. Jacques X
(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.

Dated 3/29/2012

Signature Michel F Jacques
(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)

Michel F Jacques
(Typed or printed name of person signing)

President/Ceo
(Title of person signing)