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SECRETARY OF STATE
12 OCT 30 PM 2:25

Amend
10/11/12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: IMMEDIATE HEALTH CARE CENTERS INC

DOCUMENT NUMBER: P-01000088734

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

Please return all correspondence concerning this matter to the following:

Michael F Jacques

Name of Contact Person

N/A

Firm/ Company

Address

1825 S. Ocean Dr. # 508 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:

Michael Jacques

at (

954)

394-3159

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:

\$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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT 30 PM 2:25

Articles of Amendment
to
Articles of Incorporation
of
IMMEDIATE HEALTH CARE CENTERS INC.

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

P-01000088734

(Document Number of Corporation (if known))

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

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)

2500 E. Hallandale Bch. Blvd. Suite T
Hallandale Florida 33009

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

2500 E. Hallandale Bch. Blvd. Suite T
Hallandale Bch. 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 Michael Jacques
2500 E. Hallandale Bch. Blvd Suite T
(Florida street address)

New Registered Office Address: Hallandale Bch, Florida 33009
(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>P.</u>	<u>Yves Gabriel Jacques</u>	<u>3100 Palm Trace landing dr. #516</u> <u>Davie Fl. 33316</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Pres</u>	<u>Michel F. Jacques</u>	<u>1825 S. Ocean Dr. #508</u> <u>Hallandale Bch. Florida 33009</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>SEC</u>	<u>Yves G. Jacques</u>	<u>Same</u>
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	_____	_____	_____

