

PO2000016344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

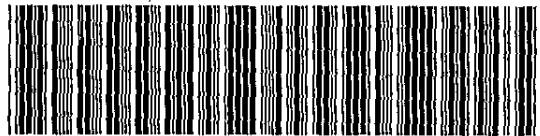
(Business Entity Name)

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CLERK OF STATE  
TALLAHASSEE FLORIDA

20  
15/12/10/104

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Aliman Home Health Care, Inc.

**DOCUMENT NUMBER:** P02000010344

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

Please return all correspondence concerning this matter to the following:

Elizabeth Giusca

(Name of Contact Person)

Associated Elder Care, Inc. (New Name)

(Firm/ Company)

4699 North Federal Highway, Suite 101-G

(Address)

Pompano Beach, Florida 33064

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Elizabeth Giusca

(Name of Contact Person)

at ( 954 )

946-8688

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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  
409 E. Gaines Street  
Tallahassee, FL 32399

010105

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

(Document number of corporation (if known))

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

(Attach additional pages if necessary)

N/A

(continued)

The date of each amendment(s) adoption: 11/15/04

Effective date if applicable: 1/1/05

(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ 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.

Signed this 15 day of November, 2004

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)

Elizabeth Giusca

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE: \$35**