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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Ace	cessible HealthCare Services, Inc.	
DOCUMENT NUMBER: P020	00069710	
The enclosed Articles of Amendment	and fee are submitted for filing.	
Please return all correspondence cond	cerning this matter to the following:	
	Jon H. Klapper (Name of Contact Person)	_
	Accessible HealthCare Services, Inc.	
	(Firm/ Company)	
-	210 N. University Drive, Suite 806 (Address)	_
	Coral Springs, FL 33071 (City/ State and Zip Code)	_
For further information concerning th	is matter, please call:	
Jon H. Klapper (Name of Contact Person)	at (954) 341-5600 (Area Code & Daytime Telephone	Number)
Enclosed is a check for the following	amount made payable to the Florida Department of	of State:
\$35, Filing Fee \$43.75 Filing Fee Certificate of S	Status Certified Copy Cer (Additional copy is Cer enclosed) (Ad	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy 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	

Articles of Amendment to Articles of Incorporation of

Accessible He			=
(Name of Corporation as curre	<u>ntiy filea with t</u>	ne riorida Dept. of State)
P020 (Document Num	000069710	on (if known)	ŧ
(Document Num	ioer of Corporati	on (n known)	
Pursuant to the provisions of section 607.1006 following amendment(s) to its Articles of Incorp		es, this <i>Florida Profit C</i>	orporation adopts the
A. If amending name, enter the new name of	the corporation	<u>1:</u>	
N/A			
The new name must be distinguishable as "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	"Inc.," or Co.,	" or the designation "Co	orp," "Inc," or
B. Enter new principal office address, if app	licable:	N/A	AF OV
(Principal office address <u>MUST BE A STREE</u>	T ADDRESS)		SAR P
			- F - F
C. Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFIC	CE BOX)	N/A	<u>→</u>
			
D. If amending the registered agent and/or r			the name of the
new registered agent and/or the new regis	stered office ado	lress:	
Name of New Registered Agent:	N/A		
New Registered Office Address:	(Flori	da street address)	
			, Florida
		(City)	(Zip Code)
	mastat t.A		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.		gent: familiar with and accept	the obligations of the
		D 11 14 110 1	
S	ignature of New	Registered Agent, if change	zing

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
(attach Article IV	additional sheets, if necessary of the Articles of Incorporation	rticles, enter change(s) here:). (Be specific) is hereby amended to read as follows: authorized to issue is 1,000,000 shares	of common stock,
	ue per share.		
provis (<i>if</i>	sions for implementing the a fnot applicable, indicate N/A)	exchange, reclassification, or cancellar mendment if not contained in the ame the date of this amendment agree to re	ndment itself:
		ed by such holder and further agrees tha	
		olders and to include a number of share	es macis agreed
upon by a	Il of the holders.		
		·	

The date of each amendment(s) adoption: November 13, 2008	
Effective date if applicable:	
(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 amendmen by the shareholders was/were sufficient for approval.	t(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nen
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehol action was not required.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated November 13, 2008	
Signature	
selected, by an incorporator – if in the hands of a receiver, trustee, or other cour appointed fiduciary by that fiduciary)	t
Mirella Salem	
(Typed or printed name of person signing)	
· · · · · · · · · · · · · · · · · · ·	
(Title of person signing)	