

PD2000107672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

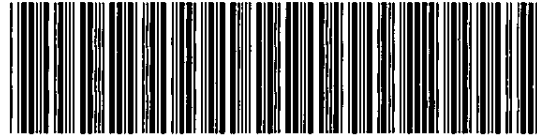
(Business Entity Name)

(Document Number)

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2008 APR 22 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TB 4-22-08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: URGENT FAMILY HEALTH CARE INC

DOCUMENT NUMBER: P02000107672

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

Please return all correspondence concerning this matter to the following:

RICARDO TANGHERLINI

(Name of Contact Person)

URGENT FAMILY HEALTH CARE INC

(Firm/ Company)

5673 SW 137TH AVE

(Address)

MIAMI, FL 33183

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

RICARDO TANGHERLINI

(Name of Contact Person)

at (305)

387-0350

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2008

RICARDO TANGHERLINI
5673 SW 137TH AVE
MIAMI, FL 33183

SUBJECT: URGENT FAMILY HEALTH CARE INC.
Ref. Number: P02000107672

We have received your document for URGENT FAMILY HEALTH 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):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 708A00020224

2008 APR 14 AM 8:00
SECRETARY OF STATE
FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2008

RICARDO TANGHERLINI
5673 SW 137TH AVE
MIAMI, FL 33183

SUBJECT: URGENT FAMILY HEALTH CARE INC.
Ref. Number: P02000107672

We have received your document for URGENT FAMILY HEALTH 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 failed to make the correction(s) requested in our previous letter.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 908A00022333

Articles of Amendment
to
Articles of Incorporation
of

FILED
2008 APR 22 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

URGENT FAMILY HEALTH CARE INC.

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

P02000107672

(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:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

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

ARTICLE V: REGISTERED AGENT

DELETE: ARLES PERDOMO MD 5673 SW 137TH AVE. MIAMI, FL 33183

ADD: RICARDO TANGHERLINI 5673 SW 137TH AVE. MIAMI, FL 33183

ARTICLE VII: OFFICER & DIRECTOR

DELETE: ARLES PERDOMO MD (PRESIDENT) 5673 SW 137TH AVE. MIAMI, FL 33183

ADD: RICARDO TANGHERLINI (PRESIDENT) 5673 SW 137TH AVE. MIAMI, FL 33183

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: 3/27/08

Effective date if applicable: 3/27/08
(no more than 90 days after amendment file date)

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

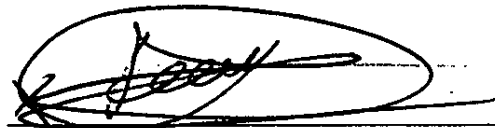
- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each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

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)

Arles Perdoma
(Typed or printed name of person signing)

President
(Title of person signing)

I, Ricardo Tangherlin, hereby am familiar with and accept the duties and responsibilities as Registered AGENT FOR URGENT Family Health Care, INC.

Ricardo Tangherlin.