

P030000034175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

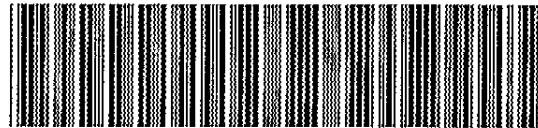
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100029237371

02/26/04--01029--006 **35.00

FILED
04 FEB 26 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T BROWN MAR - 3 2004

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA HEALTH CARE PROVIDERS, INC

DOCUMENT NUMBER: P03000034175

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

Please return all correspondence concerning this matter to the following:

AMY HUGHES

(Name of Person)

FLORIDA HEALTH CARE PROVIDERS, INC

(Name of Firm/ Company)

351 NW 135 TERR # 102

(Address)

PEMBROKE PINES, FL 33028

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

AMY HUGHES

(Name of Person)

at (305)

231-1227 10.00 A.M. TO 4.00 P.M.
(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

FILED
04 FEB 26 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FLORIDA HEALTH CARE PROVIDERS, INC.

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

P03000034175

(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.")

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

CHANGE OF ADDRESS:

OLD ADDRESS:

NEW ADDRESS:

FLORIDA HEALTH CARE PROVIDERS, INC.

FLORIDA HEALTH CARE PROVIDERS, INC.

351 NW 135 TERR # 102

5881 NW 151 ST. # 103

PEMBROKE PINES, FL 33028

MIAMI LAKES, FL 33014

(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: 2/11/2004

Effective date if applicable: 2/11/2004
(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):*

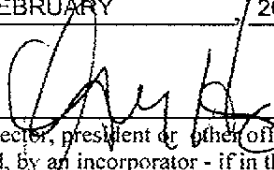
"The number of votes cast for the amendment(s) was/were sufficient for approval by
100.00 %
(voting group)"

☐ 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 11 day of FEBRUARY, 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)

AMY HUGHES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35