

P03000099857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

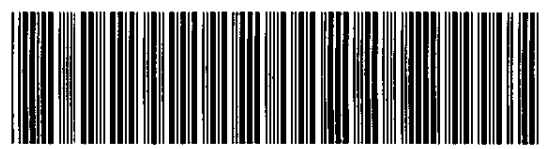
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Amend
Teller's
4-22-09*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Mercy's Health, Inc.

DOCUMENT NUMBER: P03000099857

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

Please return all correspondence concerning this matter to the following:

Adam Ganuza
(Name of Contact Person)

Mercy's Health, Inc.
(Firm/ Company)

8200 NW 27 Street, Suite 117
(Address)

Doral, FL 33122
(City/ State and Zip Code)

For further information concerning this matter, please call:

Adam Ganuza at (786) 295-0666
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2009

ADAM GANUZA
MERCY'S HEALTH, INC.
8200 N.W. 27TH STREET, SUITE 117
DORAL, FL 33122

SUBJECT: MERCY'S HEALTH, INC.
Ref. Number: P03000099857

We have received your document for MERCY'S HEALTH, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The information in the Articles of Amendment is not the same as the Articles of Correction previously submitted. If you wish to change the president/director, please make this change in the Articles of Amendment.

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 509A00010627

RECEIVED
2009 APR 22 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2009

ADAM GANUZA
MERCY'S HEALTH, INC.
8200 N.W. 27TH STREET, SUITE 117
DORAL, FL 33122

SUBJECT: MERCY'S HEALTH, INC.
Ref. Number: P03000099857

We have received your document for MERCY'S HEALTH, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is no statutory provision to file articles of correction to correct an annual report. Enclosed is an amendment form.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 609A00005094

RECEIVED
2009 MAR 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ADAM

!!

Articles of Amendment
to
Articles of Incorporation
of

FILED
09 APR 22 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mercy's Health, Inc.

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

703000099857

(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:

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**)

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

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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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

(Attach additional sheets, if necessary)

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

A hand-drawn graph of a concave function on lined paper. The curve starts at the bottom left and curves upwards to the right, passing through the middle of the page.

(if not applicable, indicate N/A)

A hand-drawn curve on lined paper. The curve starts at a point on the second line from the bottom, moves upwards and to the right, passing through the middle line, and ends near the top line. It is a smooth, concave-down curve.

The date of each amendment(s) adoption: 03/24/09

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 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.

Dated 4/20/09

Signature Adam Canuza
(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)

Adam Canuza
(Typed or printed name of person signing)

President
(Title of person signing)