

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H10000085190 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6380

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10 APR 14 PM 2:40

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2010 APR 14 AM 8:00

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
FAMILY HEALTH CARE CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

*Amend*  
*@ 4/14/10*

04/14/2010 13:25  
000-017-0001

3052201440

LAZARUS

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4/14/2010 2:21:54 PM PAGE 1/001 Fax Server



April 14, 2010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FAMILY HEALTH CARE CORP.  
1800 W. 49 ST.  
# 211  
HIALEAH, FL 33012

SUBJECT: FAMILY HEALTH CARE CORP.  
REF: P03000130345

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Period after (Corp) in the name.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

FAX Aud. #: H10000085190  
Letter Number: 210A00009206

**H10000085190**

Articles of Amendment  
to  
Articles of Incorporation  
of

**FAMILY HEALTH CARE CORP.**

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

**PO3000130345**

(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**)

1800 WEST 49 STREET #211

HIALEAH, FL 33012

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

SAME

**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)

\_\_\_\_\_, Florida  
(City) (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

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FAMILY HEALTH CARE CORP.  
10 APR 14 PM 2:40

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04/12/2010 02:29 3050221091

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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>	<u>Type of Action</u>
D	JOSE RODRIGUEZ	1540 SW 162 PL MIAMI, FL 33194	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. If an amendment provides for an 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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04/12/2010 02:29 3058221891

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The date of each amendment(s) adoption: 04/14/2010  
(date of adoption is required)

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 APRIL 14 2010

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)

MARILYN ALMANZA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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