

PO4000004574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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13 FEB 21 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amended
2/26/13

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Vital Home Care of Florida, Inc

DOCUMENT NUMBER: P04000004574

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

Please return all correspondence concerning this matter to the following:

Daniel Benson

Name of Contact Person

Vital Home Care of Florida, Inc

Firm/ Company

15340 Jog Road, Suite 100

Address

Delray Beach, 33484

City/ State and Zip Code

dbenson@vitalhomecare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Benson

Name of Contact Person

at (561) 732-9225

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

February 12, 2013

DANIEL BENSON
VITAL HOME CARE OF FLORIDA, INC.
15340 JOG ROAD, SUITE 100
DELRAY BEACH, FL 33484

SUBJECT: VITAL HOMECARE OF FLORIDA, INC.
Ref. Number: P04000004574

We have received your document for VITAL HOMECARE OF FLORIDA, 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 registered agent must sign accepting the designation.

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) 245-6050.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 113A00003449

RECEIVED
13 FEB 25 AM 8:35
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Vital Home Care of Florida, Inc.

DOCUMENT NUMBER: P04000004574

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

Please return all correspondence concerning this matter to the following:

Daniel Benson

Name of Contact Person

Vital Home Care of Florida, Inc.

Firm/ Company

15340 Jog Road, Suite 100

Address

Delray Beach, FL 33486

City/ State and Zip Code

dbenson@vitalhomecare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Benosn

Name of Contact Person

at (561) 734-1531

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

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2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Vital Home Care of Florida, Inc.

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

P04000004574

(Document Number of Corporation (if known))

13 FEB 21 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

15340 Jog Road, Suite 100
Delray Beach, FL 33486

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

15340 Jog Road, Suite 100
Delray Beach, FL 33486

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 Daniel Benson

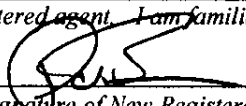
15340 Jog Road, Suite 100

(Florida street address)

New Registered Office Address: Delray Beach, Florida 33486
(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

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)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change	<u>P, D</u>	<u>Daniel Benson</u>	<u>15340 Jog Road, Suite 100</u>
<u> </u> Add			<u>Delray Beach, FL 33486</u>
<u> </u> Remove			
2) <u>X</u> Change	<u>V, D</u>	<u>David Ledis</u>	<u>15340 Jog Road, Suite 100</u>
<u> </u> Add			<u>Delray Beach, FL 33486</u>
<u> </u> Remove			
3) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>
4) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>
5) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>
6) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>

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)

The date of each amendment(s) adoption: 2/19/13

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

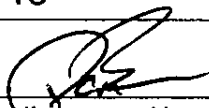
by _____."
(voting group)

☐ 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 2/19/13

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)

Daniel Benson

(Typed or printed name of person signing)

President, Director

(Title of person signing)