P0400011652

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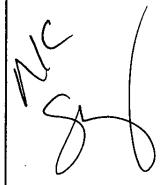
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORF	PORATION:	MANS Home Health Care	e, Inc.
DOCUMENT NU	MBER:	P04000011652	
The enclosed Artic	eles of Amendment and fee	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		Michael L. Spawr	
	1	Name of Contact Person	
	MANS	Home Health Care, Inc.	
		Firm/ Company	
	. 12	02 Fraser Pine Blvd.	
	12	Address :	<u>. </u>
		in the second second	
		The state of the state of	
		Sarasota, FI 34240 City/ State and Zip Code	
	(City/ State and Zip Code	
	spa	wr@verizon.net	
	E-mail address; (to be us	ed for future annual report notification)	
For further informa	ation concerning this matter	. please call:	
	-		74 5000
Nome	ichael L. Spawr of Contact Person	at (941) 3 Area Code & Daytime Te	Jorhana Number
Name	of Contact Person	Area Code & Daytime Te	nephone Number
Enclosed is a check	for the following amount i	made payable to the Florida Depar	rtment of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 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		Street Address Amendment Section	
	Corporations	Division of Corporations	
P.O. Box 63	•	Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circ	le

Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation of

2011 FEB 8 11 10: 33

Mans Home Health Care, Inc.

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

P04000011652

(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:

word "corporation," ignation "Corp," "Inc, ional association," or 1	"company," or "incorporated" or "or "Co". A professional corpora
	ne abbreviation "P.A.
<u>ble:</u> <u>DDRESS</u>)	
	Florida, enter the name of the
ed office address:	
	
(Florida street ac	idress)
	, Florida
(City)	(Zip Code)
	BOX) tered office address in ed office address: (Florida street ad



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>	Type of Action
<u>.</u>				☐ Add☐ Remove
				Add Remove
				☐ Add☐ Remove
		additional Articles, en if necessary). (Be sp		
		enting the amendment	reclassification, or cand if not contained in the	rellation of issued shares, amendment itself:

مغن				
The date of each amendment(s) adoption: 1-1-2011				
• Effective date if applicable:	(date of adoption is required) 1-1-2011			
Electivo que <u>Frappioacio</u> .	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.			
	are approved by the shareholders through voting groups. The following statement and 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/we	ere adopted by the incorporators without shareholder action and shareholder			

Dated_February 4, 2011

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)

Michael L. Spawr

(Typed or printed name of person signing)

President

(Title of person signing)