P0400013/23

(Re	equestor's Name)	
(1)	(d)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(De	A November 2	
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: Healthcare	Business Brokers, Inc	>.
DOCUMENT NU	JMBER: <u>P04000013123</u>		
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	·
Please return all co	orrespondence concerning thi	s matter to the following:	
Irvi	ng J. Diaz		
		of Contact Person)	
He	ealthcare Business Bro	okers, Inc.	
	(Fir	m/ Company)	
210	00 West 76 Street, Sui	te 413	
······································		(Address)	
Hia	leah, FL 33016		
	(City/ St	ate and Zip Code)	
For further inform	ation concerning this matter,	please call:	
Irving J. Diaz		at (305) 403-	7863
(Nam	e of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a chec	k 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)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center	·

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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~ (of 0 a	
SECRETARY OF STATE	
State) SEE, FLOOR	

Healthcare Business Brokers, Inc.
(Name of corporation as currently filed with the Florida Dept. of State)
P04000013123
(Document number of corporation (if known)
cursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> dopts 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.") A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A
MENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number nd/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
1.) PRINCIPAL PLACE of BUSINESS:
2100 West 76 Street, Suite 413
Hialeah, FL 33016
(2.) MAILING ADDRESS:
2100 West 76 Street, Suite 413
Hialeah, FL 33016
·
· · · · · · · · · · · · · · · · · · ·
(Attach additional pages if necessary)
f an amendment provides for exchange, reclassification, or cancellation of issued shares, provisor implementing the amendment if not contained in the amendment itself: (if not applicable, indicate
·
·

(continued)

The date of each amendment(s) adoption: 7/01/2006
Effective date if applicable: 7/01/2006
(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
(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.
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)
(Typed or printed name of person signing)
(Title of person signing)

FILING FEE: \$35