

PO4000019250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

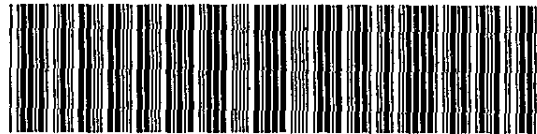
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CLERK OF STATE  
TALLAHASSEE, FLORIDA

Ps 11/16/04  
Amend

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Universal Infusion + Home Health Care Incorporated

DOCUMENT NUMBER: PO 4000019256

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

Please return all correspondence concerning this matter to the following:

Violeta C. Dato  
(Name of Contact Person)

Universal Infusion + Home Health Care Incorporated  
(Firm/ Company)

453 North Kirkman Road Suite 103  
(Address)

Orlando, FL 32811  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Violeta C. Dato at ( 407 ) 656-1781  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check 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)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

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UNIVERSITY Infusion + Home Health Care Incorporated

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

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

PO 4000019256

(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:

**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.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Article II Principal place of business and mailing address:  
453 North Kirkman Road, Suite 103 Orlando, FL 32811

Article VII Change in Officer

New Secretary: Jacqueline Aguirre, RN

1642 Glen Heaven Circle Ocoee, FL 34761

Article IV Share's outstanding and shares returned

Violeta C. Dato owns 16,000 shares

Jacqueline Aguirre owns 15,000 shares

Nita Abdon returned 5,000 shares (Aug 2004)

(Attach additional pages if necessary)

If an amendment provides for 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:

10/29/2004

Effective date if applicable:

August 23, 2004

(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.

Signed this 29 day of October, 2004.

Signature

Patrick J. Morrison CPA

(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)

Patrick Joseph Morrison

(Typed or printed name of person signing)

Treasurer

(Title of person signing)

FILING FEE: \$35