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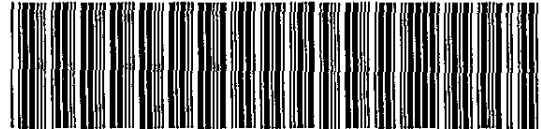
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

8/25

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** HEALTH IMPROVEMENT CENTER, INC.

**DOCUMENT NUMBER:** P04000027278

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

Please return all correspondence concerning this matter to the following:

LIUDMILA SANCHEZ  
(Name of Contact Person)

HEALTH IMPROVEMENT CENTER, INC.  
(Firm/ Company)

1705 SW 83rd Court  
(Address)

MIAMI, FL 33155  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

LIUDMILA SANCHEZ at ( 305 ) 262 5006  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ Filing Fee

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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

HEALTH IMPROVEMENT CENTER, INC.

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

P04000027278

(Document number of corporation (if known))

FILED  
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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:

**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 2. The principal place of business is: 7601 W Flagler Street, Suite 213, Miami, FL 33144

Article 5. The name and address of the Registered Agent is: Liudmila Sanchez.

1705 SW 83rd Court, FL 33155

Article 7.1 The Board of Directors shall be composed by one (1) Director, to wit:

Liudmila Sanchez, 1705 SW 83rd Court, Miami, FL 33155

(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)

(continued)

The date of each amendment(s) adoption: 8/14/04

Effective date if applicable: 8/14/04  
(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 14 day of August, 2004

Signature

Liudmila Sanchez

(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)

Liudmila Sanchez

(Typed or printed name of person signing)

President

(Title of person signing)

(((H04000028116 3)))

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: HEALTH IMPROVEMENT CENTER, INC.
2. The name and address of the registered agent and office is:

LIUDMILA SANCHEZ

(Name)

1705 SW 83 COURT

(P.O. Box or Mail Drop Box **NOT** acceptable)

MIAMI, FL 33155

(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

*Liudmila Sanchez*

(Signature)

August 14, 2004

(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314