

P04000107287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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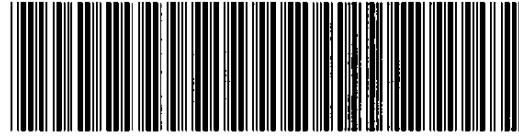
(Business Entity Name)

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SEELEY, SAVIDGE, EBERT & GOURASH CO., LPA

26600 DETROIT ROAD • CLEVELAND, OHIO 44145-2397

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FAX (216) 566-0213

[www.sseg-law.com](http://www.sseg-law.com)

October 26, 2010

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

Re: Home Health Agency-Arizona, Inc.

Dear Sir/Madam:

Enclosed, please find the original and one copy of the Articles of Amendment to the Articles of Incorporation of Home Health Agency-Arizona, Inc.

Please return the time-stamped copy back to me in the envelope provided. Accordingly, enclosed is our firm check in the amount of \$35.00 to cover the filing fee for this service.

If for any reason you cannot file the enclosed document, please contact me before returning it. It is imperative that this document be filed and returned as soon as possible.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink that reads "Carrie Haber".

Carrie M. Haber  
Paralegal

Enclosures

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Home Health Agency-Arizona, Inc.

**DOCUMENT NUMBER:** P04000107287

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

Please return all correspondence concerning this matter to the following:

Carrie M. Haber  
Name of Contact Person

Seeley, Savidge, Ebert & Gourash Co., LPA  
Firm/ Company

26600 Detroit Road, Suite 300  
Address

Cleveland, Ohio 44145  
City/ State and Zip Code

chaber@sseg-law.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Schadick at ( 216 ) 566-8200  
Name of Contact Person Area Code & Daytime Telephone Number

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

- |   |  |  |   |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(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

Articles of Amendment  
to  
Articles of Incorporation  
of

Home Health Agency - Arizona, Inc.

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

P04000107287

(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:

**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**)

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

PLEASE REMOVE CURRENT

MAILING ADDRESS!

**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:

New Registered Office Address:

(Florida street address)

(City)

Florida  
(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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PRES</u>	<u>Beena Nagpal</u>	_____	<input type="checkbox"/> Add
		_____	<input checked="" type="checkbox"/> Remove
		_____	
<u>SEC</u>	<u>Fred Portnoy</u>	_____	<input type="checkbox"/> Add
		_____	<input checked="" type="checkbox"/> Remove
		_____	
<u>DIR</u>	<u>Naresh Nagpal</u>	_____	<input type="checkbox"/> Add
		_____	<input checked="" type="checkbox"/> Remove
		_____	

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

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**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)*

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The date of each amendment(s) adoption: \_\_\_\_\_  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

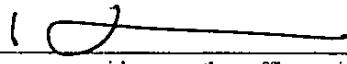
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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 10.22.2010

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)

Mike Lovell  
(Typed or printed name of person signing)

President  
(Title of person signing)

Home Health Agency – Arizona, Inc.  
Articles of Amendment to the Articles of Incorporation  
Attachment

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>TYPE OF ACTION</u>
President	Mike Lovell	668 N. 44 <sup>th</sup> Street, Suite 227 E Phoenix, AZ 85008	Add
Director	Mike Lovell	668 N. 44 <sup>th</sup> Street, Suite 227 E Phoenix, AZ 85008	Add