(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	:y/State/Zip/Phone	#)
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COVER LETTER

Division of Corporations.	•	
NAME OF CORPORATION:	HEALTH MEDICAL THERAPY, I	NC.
DOCUMENT NUMBER:	P04000110430	
The enclosed Articles of Amendme	ent and fee are submitted for filing.	
Please return all correspondence co	oncerning this matter to the following:	
	Jose A, Gutierrez, Jr.	
-	(Name of contact person)	
	(Firm/Company)	<u> </u>
6,	336 Estepona Avenue	
₹ .	(Address)	
	Doral, Florida 33179	
	(City/State and Zip Code)	
For further information concerning	this matter, please call:	
MANUEL R. LOPEZ, ES	O. at (305) 213-7300	
(Name of Contact Person)	(Area Code & Daytime Telephone	Number)
Enclosed is a check for the following	ng amount:	
 ∅ \$35.00 Filing Fee		-
■ \$33.00 Filing Fee & Certificate of S	Status	
☐ \$43.75 Filing Fee & Certificate of S		•
	itus & Certified copy (Additional copy is en	closed)
	700 m	~ ~ ~ ~ ~ ~ ~

MAILING ADDRESS:

Amendment Section

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Cir.
Tallahassee, Florida 32301

Articles of Amendment to Articles of Incorporation of

OS JAN ALLAHA	FILED 1-6 AM 8:41 RY OF STATE SEE, FLORIDA
C. of State)	SEE, FLORIDA
	

HEALTH MEDICAL THERAPY_INC.

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

P04000110430

(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.")

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

Add as New Registered Agent: MANUEL R. LOPEZ, ESQ.,
122 Minorca Avenue, Coral Gables, Florida 33134
Add as Director: JOSE A. GUTIERREZ, JR.
Delete Kenneth John Lenihan as Director
Delete Alina Urgelles as Registered Agent

1
(Attach additional pages if necessary)

applic N/A	provisions for implementing the amendment if not contained in the amendment itself. (if not applicable, indicate N/A) N/A				
The o	date of each amendment(s) adoption: 12-16-2005				
Effec	tive date if applicable: DECEMBER 16,2005				
	(no more than 90 days after amendment file date)				
Adop	otion of Amendment(s) (CHECK ONE)				
Q	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 incorporator - if in the hands of a receiver, trustee, or other court-appointed fiduciary by that fiduciary)				
	Jose A. Gutierrez, Jr. (typed or printed name of person signing) President (title of person signing)				
comply familia	I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to with the provisions of all statutes relative to the proper and complete performance of my duties, and I am are with and accept the obligation of my position as Registered Agent.				
	Signature (Signature of Registered Agent) Date 15005				

FILING FEE: \$35